S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14123

FILED MAY 7 1948

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 3989

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County —
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ALEXIAN BROTHERS HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ABOUT 6 WEEKS (Specify whether
In this community ABOUT 10 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST LOUIS 96
(c) City or town GLENDALE KIRKWOOD 4
(If outside city or town limits, write "RURAL")
(d) Street No. 715 LUCKYSTONE 3
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) NR
If yes, name country —

3. (a) PRINT FULL NAME GUSTAVE ROBERT GOEDEKE
3. (b) If veteran, name war NO
3. (c) Social Security No. 499-14-3565

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELSIE GOEDEKE
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased JUNE 25 1901
(Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 0 If less than one day — hr. — min.

9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation TRUCK HAULING
11. Industry or business OWN BUSINESS
FATHER
12. Name GUSTAVE HERMAN GOEDEKE
13. Birthplace ST LOUIS (City, town, or county) MO. (State or foreign country)
MOTHER
14. Maiden name LULU HILLMEYER
15. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)
16. (a) Informant MRS ELSIE GOEDEKE
(b) Address 715 LUCKYSTONE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR-28-1948 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS CEM.
18. (a) Signature of funeral director Parker Und Co.
(b) Address WEBSTER GROVES MO.
19. (a) APR 27 1948 (Date received local registrar) J. F. Brabeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 25
year 1948 hour 4 minute 20 P. M.
21. I hereby certify that I attended the deceased from June, 1946 to Apr 25, 1948
that I last saw him alive on Apr 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Vascular Renal Disease with Myocardial Degeneration and Congestive Type Cardiac Failure.
Due to
Due to
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

Duration: 5 years

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
(Specify type of place)
While at work? — (e) Means of injury —
23. Signature [illegible] (M. D. or other) MD
Address 3127 S. [illegible] St Louis, Mo Date signed 4-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.