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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14886**

FILED MAY 15 1948

Registration District No. **517**

Primary Registration District No. **3069**

Registrar's No. **1188**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Mary's Hospital **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eulalia Goedeking

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward J. Goedeking

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April 19 1904  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>0</u>	<u>20</u>	_____ hr. _____ min.

9. Birthplace Mt. Olive Illinois **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Peter Nischwitz

13. Birthplace Unknown **9**  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Eisenbach

15. Birthplace Unknown **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward J. Goedeking

(b) Address 404 E. 5th St., Marysville, Oh

17. (a) Removal (b) Date thereof 5-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive, Ill.

18. (a) Signature of funeral director Albert H. Honne

(b) Address 4700 Washington Blvd.

19. (a) 5-10-48 (b) Carol J. Shaffer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Union **997**

(c) City or town Marysville **33**  
(If outside city or town limits, write "RURAL")

(d) Street No. 404 E. 5th St. **0**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **2**  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9<sup>th</sup>  
year 1948 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 3, 1948, to May 9, 1948, that I last saw her alive on May 8, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Advanced Carcinoma of the Cervix

Due to Carcinoma of color

Due to 46

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Advanced Carcinoma of the Cervix

Of operation: Intestinal obstruction

Of autopsy: not performed

Underline the cause to 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 John J. Shaffer (M. D. or other) **MD**

Address 13220 Washington Ave Date signed May 10 1948

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**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

*J. W. Wilkinson*

Licensed Embalmer No. 3575

P. O. Address.....

**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.