

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri.  
(b) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County ...  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2207 Gravois Memorial 23  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME HENRY GOETZ  
3. (b) If veteran, name war..... 3. (c) Social Security No. ....  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Goetz 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased January 28, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 5 28 hr. min.

9. Birthplace Indiania  
(City, town, or county) (State or foreign country)

10. Usual occupation Trunk Maker

11. Industry or business.....

12. Name Henry Goetz

13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Faye  
(City, town, or county) (State or foreign country)

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Goetz  
(b) Address 2207 Gravois

17. (a) Burial (b) Date thereof 7-28-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.  
(b) Address 2201 S. Grand Bl.

19. (a) JUL 27 1948 (b) J. F. Brues  
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 26th  
year 1948 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from 7/21/48  
19 to July 26th 19 48  
that I last saw him alive on July 26th 19 48  
and that death occurred on the date and hour stated above.  
Immediate cause of death Asthma, cardiac heart  
Disease

Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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? While at work? (Specify type of place)

(e) Means of injury.....

23. Signature J. F. Brues (Registrar's signature) Date signed.....

Address..... Date signed.....  
Joseph J. Kuenster

MOTHER FATHER

WRITE PLAINLY AND CLEARLY

**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 \_\_\_\_\_

Licensed Embalmer No. 4053

P. O. Address St. Louis

**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.