

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 352

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Paplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>	
c. LENGTH OF STAY (In this place) <b>4 hours</b>		d. STREET ADDRESS (If rural, give location) <b>4338 Collins Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hosp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Catherine</b>	b. (Middle)	c. (Last) <b>Goebel</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 17-1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 20-1895</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>27</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St Louis Mo</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Frank Deckemper</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Harry H Goebel</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Harry H Goebel</b> ADDRESS <b>St Louis Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>334X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>apoplexy</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertension</b> DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1/17**, 19**50**, to **1-17**, 19**50**, that I last saw the deceased alive on **Jan 17**, 19**50**, and that death occurred at **11:50 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>George W. Green</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Paplar Bluff Mo</b>	23c. DATE SIGNED <b>1/18-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Jan 18 1950</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>
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DATE REC'D BY LOCAL REG <b>Jan 23 1950</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b> 428	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. S. Phelps</b> ADDRESS <b>Paplar Bluff Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 31 RECD

FEB 3 1950

150-57

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

VS. OCT 5 1959

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

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Charles A. Greer*

Licensed Embalmer No. *2964*

P. O. Address *Poplar Bluff, Mo*

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.