

S. No. 300
V. 10.46

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3293

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 206

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u> | | c. LENGTH OF STAY (in this place) <u>1-week</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vinita Park</u> <u>4270</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | | d. STREET ADDRESS (If rural, give location) <u>8100 Washington Ave.</u> | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Goedde</u> c. (Last) <u>Goedde</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23, 1950</u> | | |
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| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u> | 8. DATE OF BIRTH <u>April 21, 1882</u> | 9. AGE (In years last birthday) <u>67</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u> | IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>William Westerhaus</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schmitt</u> | 14. NAME OF HUSBAND OR WIFE <u>Mr. Lawrence O. Goedde</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Lawrence O. Goedde, 8100 Washington Ave.</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>instant.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u> <u>3 yrs</u> DUE TO (c) <u>Atherosclerosis of Arteries</u> <u>4200 yrs?</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>420.0</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 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 Jan 13, 1950, to Jan 23, 1950, that I last saw the deceased alive on Jan 22, 1950, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Ralph Murrella M.D.</u> | 23b. ADDRESS <u>3720 Washington</u> | 23c. DATE SIGNED <u>1-23-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 25, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
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| DATE RECD BY LOCAL <u>JAN 24 1950</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Womack</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Murrella</u> | ADDRESS <u>3840 Lindell Blvd.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

after 2³⁰ pm

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.....

W. Van Matres

Licensed Embalmer No. *2825*

P. O. Address *4840 Lafayette*

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.