

No. 300  
10-45

XC 2144  
FILED NOV 10 1950  
Reg. No. 88310

# STANDARD CERTIFICATE OF DEATH

State File No. 35725  
Registrar's No. 2652

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF. BRKS. MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>	
c. LENGTH OF STAY (In this place) <b>51 days</b>		d. STREET ADDRESS (If rural, give location) <b>Route #1, Box 71</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VET. ADM. HOSP.</b>			

3. NAME OF DECEASED a. (First) <b>JOHN</b> (Type or Print)			b. (Middle)			c. (Last) <b>GOETTELMANN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11/1/50</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>2/10/75</b>		9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Zimmerman</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>Yes SPAW.</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>V. A. HOSPITAL RECORDS</b>			ADDRESS		

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mesenteric Thrombosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5 months</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Polycythemia Vera</b>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Cardiovascular Disease</b> <b>Gangrene of right 1st &amp; 2nd toes</b>						<b>294X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>jaux</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9/12, 1950, to 11/1, 1950, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>V.A. HOSP., JEFF. BRKS. MO.</b>		23c. DATE SIGNED <b>11/1/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/4/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Bethel</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>11-3-50</b>		REGISTRAR'S SIGNATURE <b>Nelbert R. Donke M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Luedmeyer Sons, Inc. St. Louis, Mo.</b>		ADDRESS <b>39309 20th St.</b>	
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RWR (Licensed Embalmer's Statement on Reverse Side)

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

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

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....  
Signed *Nevelle B. Prokwitter*

Licensed Embalmer No. *3696*  
P. O. Address *3934 N. 20th ST.*

**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.