

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29509

~~1952~~ AUG 15 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7363**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2169	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis Mo) c. LENGTH OF STAY (in this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis d. STREET ADDRESS (If rural, give location) 3448 Chippewa	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hosp #1			
3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) Goymerac c. (Last) Goymerac		4. DATE OF DEATH (Month) (Day) (Year) 7-30-1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 8-25-1869
9. AGE (In years last birthday) 82	IF UNDER 1 YEAR (Month) (Day) 11 9	IF UNDER 24 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY House Work	11. BIRTHPLACE (State or foreign country) Europe	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME J Tomasic		13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, date of service) None		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George M Goymerac 3448 Chippewa
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. OK P. 2 etc	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4222
22. I hereby certify that I attended the deceased from May 5 , 19 52 , to July 30 , 19 52 , that I last saw the deceased alive on July 20 , 19 52 , and that death occurred at 9:50 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE A. Bergman (Degree or title) 0		23b. ADDRESS 3203 S Grand St. Louis Mo	23c. DATE SIGNED 7-31-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-2-1952	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem	24d. LOCATION (City, town, or county) (State) St. Louis Mo
DATE REC'D BY LOCAL REG. JUL 31 1952	REGISTRAR'S SIGNATURE Dr. J. Earl Smith Mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WINGBERMUEHLE 3819 S Grand Blvd	

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.

Student
Student Embalmer

Student Embalmer No.

Signed

Geo J Angermann

Licensed Embalmer No. *4611*

P. O. Address *St Louis 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.