

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15720

FILED APR 18 1953  
BIRTH NO. 24668 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. Registrar's No. 3578

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN ST. LOUIS (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN PINE LAWN 4151 (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Paul Hosp		d. STREET ADDRESS 4010 Beachwood (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) DEBRAH b. (Middle) MARY c. (Last) GOEBEL		4. DATE OF DEATH APR-3-53 (Month) (Day) (Year)	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH MAR-28-53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 18 IF UNDER 1 YEAR Months Days Hours Mins.
11. BIRTHPLACE (State or foreign country) ST. LOUIS - MO		12. CITIZEN OF WHAT COUNTRY U.S.	

13a. FATHER'S NAME ARTHUR GOEBEL	13b. MOTHER'S MAIDEN NAME ANNE RYAN	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Goebel 4919 Beachwood

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 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		
	ANTECEDENT CAUSES Marginal Placenta Previa 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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? 7615

22. I hereby certify that I attended the deceased from 3/28, 1953 to 4/3, 1953 that I last saw the deceased alive on 4/3, 1953, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Robert A. Bauer M.D. (Degree or title)	23b. ADDRESS 3731 Goodfellow	23c. DATE SIGNED 4/4/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE APR-6-53	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM ST. LOUIS	24d. LOCATION (City, town, or county) (State) MO
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 6 1953	REGISTRAR'S SIGNATURE Charles Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. B. Tanner 6387 National Bridge
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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 \_\_\_\_\_

*Not Embalmed*

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *L. B. Tanner*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.