

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33281

State File No. _____

FILED OCT 15 1953

318

REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003

Registrar's No. 9355

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 218 So. 4th Street		e. STREET ADDRESS (If rural, give location) 218 So. 4th Street		2259		
3. NAME OF DECEASED (Type or Print)		a. (First) Elmer	b. (Middle) E.	c. (Last) Goetz		
4. DATE OF DEATH		(Month) Sept.		(Day) 27, (Year) 1953		
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 6, 1891		
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper Vendor		10b. KIND OF BUSINESS OR INDUSTRY Delivery		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Henry Goetz		13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 490-221858		
17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Weber		ADDRESS 4021 Russell				
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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Myocardial Infarction				
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 checked="" type="checkbox"/> NO <input type="checkbox"/>		
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201		
22. I hereby certify that I attended the deceased from _____ 19__ to _____, 19__, that I last saw the deceased alive on _____ 19__, and that death occurred at 2:01 P.M., from the causes and on the date stated above.						
23a. SIGNATURE (Name or title) Patrick L. Taylor Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9.29.53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 30, 1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		
24d. LOCATION (City, town, or county) St. Louis County, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE Carl Smith		ADDRESS 3634 Gravois Ave.		
DATE REC'D BY LOCAL REG. SEP 29 1953		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Frank J. Gaudin

Licensed Embalmer No. *9675*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.