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FILED AUG. 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27721

State File No.

6430

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>St Louis</u>		a. STATE <u>Mo</u>	b. COUNTY <u>St Louis</u>
c. LENGTH OF STAY (In this place) <u>4 wks</u>	c. CITY OR TOWN <u>Afftony 820</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St Anthony Hospital</u>		STREET ADDRESS (If rural, give location) <u>7047 Texas</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carl</u>	b. (Middle)	c. (Last) <u>Goevert</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 12, 1887</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St Louis Bank Bldg. Equip.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Bernard Goevert</u>	13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>Johanna Goevert</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Johanna Goevert</u>	ADDRESS <u>7047 Texas</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of Descending Colon</u>		<u>10m,os</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Obstructive Jaundice due to invasion of liver by Ca			<u>1 wks.</u>

19a. DATE OF OPERATION <u>9/4/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Descending Colon</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) (Minute)	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 9-1-54, 1954, to 7-24-55, 1955, that I last saw the deceased alive on 7-24-55, 1955, and that death occurred at 10:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Benjamin M.D.</u> (Degree or title)	23b. ADDRESS <u>7430 Virginia Avenue</u>	23c. DATE SIGNED <u>7-25-55</u>
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24a. BURIAL, CREMATION, REMOVAL DATE <u>7/27/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo</u>
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DATE REC'D BY LOCAL REG. <u>JUL 26 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L Ziegenhein & Sons 7027 Gravois</u>
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(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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Donald E. Berry*.....

Licensed Embalmer No. *486*

P. O. Address *7027 Grand*

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.