

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38274**
9501

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| 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 township) St. Louis | | | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital | | | | d. STREET ADDRESS (If rural, give location) 5351 Delmar Blvd. | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Herman | | b. (Middle) Henry | | c. (Last) Goehler | |
| 4. DATE OF DEATH | | (Month) | | (Day) | | (Year) | |
| | | 10 | | - 29 | | - 55 | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Div. | | 8. DATE OF BIRTH 3-16-1872 | |
| 9. AGE (In years last birthday) 83 | | IF UNDER 1 YEAR Months 7 | | IF UNDER 1 YEAR Days 13 | | IF UNDER 24 HRS. Hours 13 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | | | | 10b. KIND OF BUSINESS OR INDUSTRY Self | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | 13a. FATHER'S NAME Frank Goehler | | 13b. MOTHER'S MAIDEN NAME Mary Dic kman | |
| 14. NAME OF HUSBAND OR WIFE Anna Koch (Divorced) | | | | 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. None | | | | 17. INFORMANT'S SIGNATURE OR NAME Masonic Home of Missouri | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease | | | | INTERVAL BETWEEN ONSET AND DEATH 3 mo. | | | |
| ANTECEDENT CAUSES <i>Arterial conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | | | | DUE TO (b) Fracture left hip | | | |
| DUE TO (c) | | | | INTERVAL BETWEEN ONSET AND DEATH 1 mo. | | | |
| II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | <i>OR Joseph M. Zeman Deputy Coroner</i> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? | | YES <input 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.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-29-55 | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Fatal Home | | | | | |
| 22. I hereby certify that I attended the deceased from 2-19- 19 53 , to 10-29- 19 55 , that I last saw the deceased alive on 10-29- 19 55 , and that death occurred at 12:10 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Lolon Parillon M.D. | | | | 23b. ADDRESS 508 North Grand | | 23c. DATE SIGNED 10-29-55 | |
| 24a. BURIAL, CREMATION, REMOVAL Removal | | 24b. DATE 11-1-55 | | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | |
| DATE REC'D BY LOCAL REG. NOV 1 1955 | | REGISTRAR'S SIGNATURE Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden Funeral Home | | | |
| | | | | ADDRESS 1936 St. Louis | | | |

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
Student Embalmer

Signed  _____

Licensed Embalmer No. 4520

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.