

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6516

State File No. ....

FILED FEB 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **899**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b> 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 <b>5503 Emerson Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>7 5503 Emerson Ave. 2077</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>B.</b> c. (Last) <b>Goewert</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 24 1956</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 22 1893</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>traffic mgr.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Reynolds Prod.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>August Goewert</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Slingman</b>	
14. NAME OF HUSBAND OR WIFE <b>Viola Goewert</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>488 09 7052</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Viola Goewert</b>		ADDRESS <b>5503 Emerson Ave.</b>			
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) <b>Mitral regurgitation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>not known</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>myocarditis chronic</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>410X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>✓</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>✓</b>	
22. I hereby certify that I attended the deceased from <b>Nov. 1, 1955</b> , to <b>Jan 24, 1956</b> , that I last saw the deceased alive on <b>Jan 15, 1956</b> , and that death occurred at <b>9:40 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>H.F. Miller</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>8410 N. Broadway</b>	
23c. DATE SIGNED <b>1-26-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/28/56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cem</b>		24d. LOCATION (City, town, or county) <b>St. Louis County Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JAN 26 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith m.d.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Buchholz Mortuary 5967W Florissant</b>	
		ADDRESS			

S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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**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 *Walter J. B. Moore*.....

Licensed Embalmer No. *455*

P. O. Address *St. Louis*.....

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.