

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

STANDARD CERTIFICATE OF DEATH

State File No. **10769**  
Registrar's No. **2052**

FILED MAR 22 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) c. CITY OR TOWN <b>St. Louis</b>	d. 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>BARNES HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>3 6601 Devonshire Ave. 203 1/2</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>C.</b> c. (Last) <b>Goette</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 27 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>Sept. 29, 1896</b>
9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Independent Pking Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Paul, Minnesota</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Albert H. Goette</b>	13b. MOTHER'S MAIDEN NAME <b>Thora E. Meyer</b>
14. NAME OF HUSBAND OR WIFE <b>LaVerne Marie</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>unknown</b>
17. INFORMANT'S SIGNATURE OR NAME <b>LaVerne Marie Goette</b>		ADDRESS <b>6601 Devonshire</b>	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>	INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
		ANTECEDENT CAUSES DUE TO (b) <b>Thrombosis of Renal Artery</b>	<b>2 wks.</b>
		DUE TO (c) <b>Arteriosclerosis</b>	<b>Yrs.</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Malignant Pheochromocytoma of adrenals, metastases to spine</b>	<b>1 yr.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>454XH</b>	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.)	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?	
22. I hereby certify that I attended the deceased from <b>Feb. 18, 1956</b> , to <b>Feb. 27, 1956</b> , that I last saw the deceased alive on <b>Feb. 27, 1956</b> , and that death occurred at <b>3:15 AM.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. Bradley</b>		(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>BARNES HOSPITAL</b>
23c. DATE SIGNED <b>2/27/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-29-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Our Redeemer Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
DATE REC'D BY LOCAL REG. <b>FEB 27 1956</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hoffmeister Colonial Mortuary 6464 Chippewa</b>	

(Licensed Embalmer's Statement on Reverse Side)

**m & B.**

**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.....  
*Linus C. Hoffner*

Licensed Embalmer No. 38

P. O. Address 7814 S. 1st

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (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.