

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 22 1956

10771  
State File No. ....

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. .... 2208

BIRTH NO. _____			REG. DIST. NO. 318			PRIMARY REG. DIST. NO. 1003			Registrar's No. 2208								
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____												
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>				c. LENGTH OF STAY (in this place) <u>MO</u>			c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>29/49</u>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARIAN HOSPITAL 24</u>					e. STREET ADDRESS (If rural, give location) <u>2841 S. 13<sup>th</sup> ST.</u>												
3. NAME OF DECEASED (Type or Print) <u>MARIE GOETZHEIMER</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 29 1956</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 4 1895</u>		9. AGE (in years last birthday) <u>61</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>			12. CITIZEN OF WHAT COUNTRY?						
13a. FATHER'S NAME <u>HENRY DIERKES</u>				13b. MOTHER'S MAIDEN NAME <u>CATHERINE SICKING</u>				14. NAME OF HUSBAND OR WIFE <u>FRANK GOETZHEIMER</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRANK GOETZHEIMER</u>						ADDRESS <u>2841 S. 13<sup>th</sup> ST.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lobar pneumonia</u>  ANTECEDENT CAUSES <u>2nd anemia</u> DUE TO (b) <u>2nd anemia</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>490x</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Feb 26, 1956</u> , to <u>Feb 29, 1956</u> that I last saw the deceased alive on <u>Feb 29, 1956</u> and that death occurred at <u>1:15 p.m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE <u>H. S. Pyno</u>						(Degree or title) <u>MD</u>			23b. ADDRESS <u>2752 Cherokee</u>			23c. DATE SIGNED <u>3-1-56</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>			24b. DATE <u>MAR. 3 1956</u>			24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>			24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>								
DATE REC'D BY LOCAL REG. <u>MAR 1 1956</u>			REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>						25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Luta</u>						ADDRESS <u>2906 Georgia</u>		

(Licensed Embalmer's Statement on Reverse Side)

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 39

P. O. Address St. Louis

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.