

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14723

FILED APR 26 1957

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3348**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY		
b. CITY OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) 8 YRS	c. CITY OR TOWN ST LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: D/ 3734 WESTMINSTER			e. STREET ADDRESS (If rural, give location) 1910 3734 WESTMINSTER		
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) LAWRENCE	c. (Last) GOETZ	4. DATE OF DEATH (Month) (Day) (Year) 4-7-1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-3-1887	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ORGANIST	10b. KIND OF BUSINESS OR INDUSTRY CHURCH	11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON CITY MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM GOETZ		13b. MOTHER'S MAIDEN NAME MARY E		14. NAME OF HUSBAND OR WIFE OTTILE GOETZ	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ottile Goetz 3734 Westminster		
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.1		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at 2:55 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Print or title) Patrick P. Taylor Carver			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4-8-57
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 4-8-57	24c. NAME OF CEMETERY OR CREMATORY GREEN MOUNT	24d. LOCATION (City, town, or county) (State) BELLEVILLE ILL		
DATE REC'D BY LOCAL REG. APR 8 '57	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. Kemmer, Belleville Ills		

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 not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. Renner

Licensed Embalmer No. 20314

P. O. Address Belleville, Ill.

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.