

No. 2
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-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14886**
Registrar's No. **1188**

FILED MAY 15 1948

Registration District No. **517**

Primary Registration District No. **3069**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **Eulalia Goedeking**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Edward J. Goedeking** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **April 19 1904**
(Month) (Day) (Year)

8. AGE: Years **44** Months **0** Days **20** If less than one day hr. min.

9. Birthplace **Mt. Olive Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business

MOTHER FATHER

12. Name **Peter Nischwitz**

13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Eisenbach**

15. Birthplace **Unknown** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward J. Goedeking**

(b) Address **404 E. 5th St., Marysville, Oh**

17. (c) **Removal** (b) Date thereof **5-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation **Mt. Olive, Ill.**

18. (a) Signature of funeral director **Albert H. Honne**

(b) Address **4700 Washington Blvd.**

19. (a) **5-10-48** (b) **Carol J. Shaffer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ohio** (b) County **Union** **997**
(c) City or town **Marysville** **33**
(If outside city or town limits, write "RURAL")
(d) Street No. **404 E. 5th St.** **0**
(If rural, give location) **2**
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9th**
year **1948** hour **9** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **May 3**, 1948, to **May 9**, 1948;
that I last saw her alive on **May 8**, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death **Advanced Carcinoma of Cervix**
uteri

Due to **Carcinoma of color**

Due to **46**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Advanced Carcinoma of Cervix**
Of operations **Intestinal obstruction**
Of autopsy **not performed.**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____ (c) Means of injury _____

23. Signature **John J. Shaffer** (M. D. or other) **M.D.**
Address **13220 Washington ave** Date signed **May 9, 1948**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. W. Wilkins

Licensed Embalmer No. 3575

P. O. Address.....

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.