MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25788

1. PLACE OF DEATH

County St Louis — Registration District No. 1170 — File No.

Township — Primary Registration District No. 6248H — Registered No. ~~1170~~ 180

City Richmond Hts Mo (No. St Mary's Hospital St. Ward)

2. FULL NAME Thos. Grady Gooch

(a) Residence. No. 6309 Cabanne St., Ward. St Louis, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Ramsy Gooch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18-1899

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
29	6	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Branch Manager
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Nissel Skiles

9. BIRTHPLACE (CITY OR TOWN) Henderson
(STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER Thos H Gooch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary McClain
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

14. INFORMANT J. L. Hall
(Address) 1311 Hamilton Ave

15. FILED 7/13 1929 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-12 1929

17. I HEREBY CERTIFY, That I attended deceased from 7-11, 1929, to 7-12, 1929, that I last saw h. ~~[illegible]~~ alive on 7-12, 1929 and that death occurred, on the date stated above, at 8:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Meningitis
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Sues
(duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature] M.D.
7-13 1929 (Address) Carleton Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Jackson Tenn. — DATE OF BURIAL: July 13 1929

20. UNDERTAKER: Julius L. Schmitt — ADDRESS: 3934 Russell Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 8 1929
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Dr Seaboard
Garfield 0070
Carleton
Cab. 0316