

FILED APR 13 1942

Registration District No. 184

Primary Registration District No. 2nd

Registrar's No. 792

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4221 Hodiamont Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Pine Lawn, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 4221 Hodiamont Ave.,
(If rural, give location)

(e) Citizen of foreign country? ? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Josephine Gookey

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 Widowed

6. (b) Name of husband or wife James Gookey

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb. 6, 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 0 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER

12. Name James O'Shea

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Alcox

15. Birthplace Unkown
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Gookey

(b) Address 4221 Hodiamont Ave.,

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof April 8/42
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) APR 7 1942 (Date received local registrar)

(b) C. S. McLaurin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1942 hour 4.20 minute A.M.

21. I hereby certify that I attended the deceased from Apr 4 1942 to Apr 6 1942
that I last saw h. or alive on Apr 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Duration

1 yr

PHYSICIAN

Major findings:
Of operations None

Of autopsy None

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)

Means of injury.....

23. Signature Wm J. Langford (M. D. or other)

Address 5803 Raymond Date signed Apr 6/42

Dr. Langan

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.....

Gay W. Wilkinson

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.

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