

S. No. 2
M-8-43
5-17-39
X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **7474**
Registrar's No. **2023**

FILED MAR 13 1946
318

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 79 1/2
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Oscar Gooch

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-05-8494

4. Sex M 2. Color or race Negro

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 6 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Salisbury MO
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business Durme & Bradstreet

12. Name Nelson Gooch

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

14. Maiden name Slater

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Gooch

(b) Address 2830 Walnut Street

17. (a) Burial (b) Date thereof 3-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Jas H. Harrison

(b) Address 2906 Dawson Blvd.

19. (a) MAR 1 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2830 Walnut Street
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 26
year 1946 hour 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from 2-3, 1946 to 2-26, 1946
that I last saw him alive on Feb-25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc pneumonia Duration 7 days

Due to _____

Due to _____

Other conditions Lo. Hyp T Bronchitis 2-3-46
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) (e) Means of injury

23. Signature Dr. Edward Bell (M. D. or other) _____
Address 2901 Eastside Ave. Date signed 2-28-46

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

6424

MOTHER FATHER

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard

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.