

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14351

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BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 3066 Registrar's No. 745

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKWOOD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKWOOD	
c. LENGTH OF STAY (in this place) 38 YEARS		d. STREET ADDRESS (If rural, give location) 326. ALSOBROOK	
d. FULL NAME OF HOSPITAL OR INSTITUTION 326 ALSOBROOK			
3. NAME OF DECEASED (Type or Print) a. (First) LUTHER b. (Middle) EWING c. (Last) GOOCH			4. DATE OF DEATH (Month) (Day) (Year) 3 25 1949
5. SEX M	6. COLOR OR RACE NEBO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 18 1890 58 YEARS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTAINANCE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 58 # UNDER 1 YEAR Months # UNDER 1 HR. Hours # UNDER 1 MIN. Min.
11. BIRTHPLACE (State or foreign country) MADISON MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME ELISHA GOOCH		13b. MOTHER'S MAIDEN NAME AMANDA HEALTMAN AYLETHA	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elisha Gooch 326 Alsobrook Kirkwood
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 1 1/2 hours before death INTERVAL BETWEEN ONSET AND DEATH 3 hrs ANTECEDENT CAUSES Chronic cardiac disease DUE TO (b) 4207 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 9207	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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) (Minute) ---	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 7-10 19 49 to 2-4 19 49 , that I last saw the deceased alive on 3-24 , 19 49 , and that death occurred at 6:30 m., from the causes and on the date stated above.			
23a. SIGNATURE Dr. Lewis M.D. (Degree or title)		23b. ADDRESS 315 4th East	23c. DATE SIGNED 3-28-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 29-49	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETARY	24d. LOCATION (City, town, or county) (State) ST LOUIS CO. MO
DATE REC'D BY LOCAL REG. 3-27-49	REGISTRAR'S SIGNATURE Thurmond Cunningham	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Susie LEWIS	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *A. D. Richardson*

Signed _____
Student Embalmer

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

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.