

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

38751

Registrar's No. 10054

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1005		Registrar's No. 10054		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 5132 Cates Ave.		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				d. STREET ADDRESS (If rural, give location) 5132 Cates Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) W. c. (Last) Goggins			4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH About 1888		
9. AGE (In years last birthday) 61?		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Montgomery City, Mo		
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME John Goggins		13b. MOTHER'S MAIDEN NAME Molley Hensley		14. NAME OF HUSBAND OR WIFE Bessie Goggins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-03-3274		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wm. Wittmaier, 1764 Virginia La.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrhage INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Hemorrhagic Softening of Brain. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Time Place Cause and Manner could not be determined II. OTHER SIGNIFICANT CONDITIONS Manner could not be determined Conditions contributing to the death but not related to the disease or condition causing death _____						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Open Verdict				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE Open Verdict		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 3300 X				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Patrick E. Taylor, 2, Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11/22/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-23-49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Normandy, Mo.		
DATE REC'D BY LOCAL REG. NOV 22 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.				

(Licensed Embalmer's Statement on Reverse Side)

45.

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.

Student
Student Embalmer

Signed

Wm. Binkley

Licensed Embalmer No. 3657

P. O. Address M. Louis W.

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.