

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9997
2552

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 55 yrs		d. STREET ADDRESS (If rural, give location) 4321 Gertrude Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital #1			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) H.	
		c. (Last) GOCKEL	
4. DATE OF DEATH (Month) (Day) (Year) March 16, 1952			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Sept. 11, 1896
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Handler		10b. KIND OF BUSINESS OR INDUSTRY Brewery	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME John Gockel		13b. MOTHER'S MAIDEN NAME Elizabeth Schaefer	14. NAME OF HUSBAND OR WIFE Anne Marie Conrad Gockel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anne Marie Gockel 4321 Gertrude Avenue

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) <i>Suffocation by hanging</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>when found hanging by rope in the apartment of his home at 4321 Gertrude on Mar 16 1952</i>		
DUE TO (c) <i>exact time unknown, while suffering a temporary mental aberration</i>		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 <i>Suicide</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Suicide</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo</i>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <i>Mar 16 52 ? m.</i>	21e. INJURY OCCURRED WHILE AT WORK? (Specify) WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>6974X</i>		

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 *9:29 AM*, from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph M. Smith</i>	(Degree or title) <i>Deputy</i>	23b. ADDRESS <i>1300 Olive</i>	23c. DATE SIGNED <i>3/18/52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>3-19-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>
DATE REC'D BY LOCAL REG. MAR 18 1952	REGISTRAR'S SIGNATURE <i>Joseph M. Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Beiderwieden F.H. Inc. 1936 St. Louis Ave.</i>	

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

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Coroner

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 Delis J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.