

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14298

State File No.

FILED APR 16 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2204**

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION **5318 Murdock Ave.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Jennings, 4148**

d. STREET ADDRESS (If rural, give location) **5357 Hamilton Ave.**

3. NAME OF DECEASED (Type or Print)
a. (First) **Bernard** b. (Middle) **U.** c. (Last) **Goercks**

4. DATE OF DEATH (Month) (Day) (Year) **March 6, 1952.**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **May 28, 1881** 9. AGE (In years last birthday) **70** IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

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) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Mrs. Mary L. Goercks**

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. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Mary L. Goercks, 5357 Hamilton Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion**

ANTECEDENT CAUSES (b) **Coronary Atherosclerosis**

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **1 day**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **Oct. 1, 1950**, to **March 6, 1952**, that I last saw the deceased alive on **Mar. 2, 1952**, and that death occurred at **8:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **D. B. Plummer M.D.** (Degree or title) 23b. ADDRESS **4539 N. Grand St. St. Louis** 23c. DATE SIGNED **3/7/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **3/10/52** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **MAR 7 1952** REGISTRAR'S SIGNATURE **Calvin F. Feutz** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Calvin F. Feutz, 4828 Natural Bridge Blvd.**

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 John A. Minor

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.