

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3141**
Registrar's No. **0103**

FILED JAN 28 1953

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			
c. LENGTH OF STAY (in this place) <u>34 yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>1502 Pendleton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				e. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 2 1953</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Goines</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 2 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>9/26/1899</u>	
9. AGE (In years last birthday) <u>53</u>		10. MONTHS <u>3</u>		11. DAYS <u>6</u>		12. IF UNDER 14 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Houseman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Private home</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>George Goines</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Brown</u>			
14. NAME OF HUSBAND OR WIFE <u>Grace Goines</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Ogal Goines, 4451 Page Blvd.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder with metastases to pelvic bones, lungs, liver.</u> DUE TO (b) <u>Undetermined</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>			
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? <u>181X</u>				22. I hereby certify that I attended the deceased from <u>12-13</u> , 19 <u>52</u> , to <u>1-2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-2</u> , 19 <u>53</u> , and that death occurred at <u>11:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Herbert H. Harris, M.D.</u>				23b. ADDRESS <u>2601 N. Whittier St.</u>			
23c. DATE SIGNED <u>1-5-53</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			
24b. DATE <u>1/3/53</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles J. Gates, 4107 Finney Ave.</u>			
DATE REC'D. BY LOCAL REG. <u>JAN 5 1953</u>				REGISTRAR'S SIGNATURE <u>J. C. Smith</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

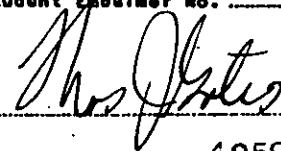
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue.

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.