

FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37210**  
Registrar's No. **9893**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> (Inclusion).			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>3 WKS</b>		c. CITY OR TOWN <b>Normandy 4121</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>7516 Norwalk</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HELEN</b>			b. (Middle) <b>WILHELMINA</b>		c. (Last) <b>GOHN</b>		4. DATE OF DEATH (Month) <b>Oct.</b> (Day) <b>16,</b> (Year) <b>1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 18, 1944</b>		9. AGE (In years last birthday) <b>9</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 1 HRS. Days <b>3</b> Hours <b>3</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School girl</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Thomas J. Gohn</b>			13b. MOTHER'S MAIDEN NAME <b>Evelyn M. Zvonik</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Thomas J. Gohn 7516 Norwalk (21)</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>2nd &amp; 3rd degree burns of body, suffered when clothing of deceased became ignited while lighting a Volvise candle</b> Antecedent causes: <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (Cause) of St. Ann's, Natural Bridge, Normandy, Mo. Street 415. per. on Sept 29/1953.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>of 60 1/2</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>1953 - Accident</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in about home, in car, on boat, on bridge, etc.) <b>Church</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Normandy Mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 29 53 4 p.m.</b>		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E9166</b>			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 <b>3:25 A.M.</b> , from the causes and on the date stated above. <b>P.C.C.</b>			
23a. SIGNATURE <b>Frank E. Saylor, MD</b>			23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>10/16/53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-19-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>OCT 16 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>WHITE CHAPEL</b>		ADDRESS <b>FERGUSON, MO.</b>	

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.....  
Signature of Student Embalmer

Signed *Eleanora Pounce*.....

Licensed Embalmer No...3403...

P. O. Address...Jennings, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.