

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 6 - 1953

BIRTH NO. **75378** REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **247** Registrar's No. **2705**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give name of place) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>4 7/12</b>		d. STREET ADDRESS (If rural, give location) <b>517 W. Kuthul, Kuthul</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>(Ther A)</b> b. (Middle) <b>Gooch</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 18 53</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	
8. DATE OF BIRTH <b>Oct-17-53</b>		9. AGE (In years last birthday)		10. MONTHS (Days) (Hours) (Mins.) <b>20</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>James H. Gooch</b>		13b. MOTHER'S MAIDEN NAME <b>Joan E. Lee</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
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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 <b>James H. Gooch</b>	
				ADDRESS <b>517 W. Kuthul, Kuthul</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>			INTERVAL BETWEEN ONSET AND DEATH <b>20</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>774X</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from **17 Oct**, 19**53**, to **18 Oct**, 19**53**, that I last saw the deceased alive on **Oct 18**, 19**53**, and that death occurred at **8:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Carl Dreyfus M.D.</b>		(Degree or title)		23b. ADDRESS <b>1695 Brentwood Blvd.</b>		23c. DATE SIGNED <b>10-20-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 20-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>10/20/53</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Gooch</b>		ADDRESS <b>6536 Clayton Rd</b>	
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Authorized Embalmers' Statement on Reverse Side **Kirkwood Mo 17 1953**

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 Not Embalmed  
Ch. Rocker  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.