

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9620

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2367

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. 9620 | | Registrar's No. 2367 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 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) OR TOWN <u>ST. LOUIS MO</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN <u>ST. LOUIS</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1771 MISSISSIPPI</u> | | | | e. STREET ADDRESS (If rural, give location) <u>23 1771 MISSISSIPPI 22090</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> | | b. (Middle) <u>M.</u> | | c. (Last) <u>GOGO</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 17 1955</u> | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>MAY 16 1875</u> | | 9. AGE (In years last birthday) <u>79</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO R.R.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>GZECHO SLOVAKIA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>6</u> | | | |
| 13a. FATHER'S NAME <u>MICHAEL GOGO</u> | | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | | 14. NAME OF HUSBAND OR WIFE <u>BARBARA GOGO (DEC'D)</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>AGNES SWENGROS 1771 MISSISSIPPI</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia Cerebral</u> ANTECEDENT CAUSES <u>Cerebral Stenosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Acute Dilation Heart</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>8 yrs</u> <u>2 days</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) (Min.) _____ | | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>410X</u> | | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 4 1955</u> , to <u>March 2 1955</u> , that I last saw the deceased alive on <u>Mar 12 1953</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Wm Fairbury MD</u> | | | | 23b. ADDRESS <u>3548 Sidney St</u> | | | 23c. DATE SIGNED <u>3/15/55</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>MAR. 16 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u> | | | |
| DATE REC'D BY LOCAL REG. <u>MAR 15 1955</u> | | REGISTRAR'S SIGNATURE <u>Charles Smith MD</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Pearis</u> | | | | |

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.....

Licensed Embalmer No. 398

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.