

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

25583

State File No. \_\_\_\_\_

FILED AUG 14 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1834

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>St. Louis</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Lemay</b>	c. LENGTH OF STAY (in this place) <b>9 mos.</b>	a. STATE <b>Mo.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4336 Bellwood Dr.</b>		c. CITY OR TOWN <b>Lemay</b>	b. COUNTY <b>St. Louis</b>
		e. STREET ADDRESS <b>4336 Bellwood Dr.</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Mary</b>	b. (Middle)	c. (Last) <b>Gockel</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 29 1956</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Aug. 27 1865</b>	<b>9. AGE</b> (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis Co. Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>John Ziegenheim</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Ernst</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Gustave</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, or, if unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Art Gockel</b>	<b>ADDRESS</b> <b>4336 Bellwood Dr.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1/2 hr.</b> <b>several years</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>ac. dilation of heart</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chronic cardiac-vascular disease</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4221</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 7-4, 1956, to 7/29, 1956, that I last saw the deceased alive on 7/29, 1956, and that death occurred at 7:00 Pm., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Erwin S. Guckler M.D.</i>	<b>23b. ADDRESS</b> <i>7128 Michigan</i>	<b>23c. DATE SIGNED</b> <b>7-3-56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>8/1/56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Sunset Burial Pk.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7-31-56</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Herbert R. Donahue</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>JOS. P. FENDLER JR.</b>	<b>ADDRESS</b> <b>7128 MICHIGAN</b>
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(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.....  
Signature of Student Embalmer

Signed *Clarence P. [Signature]*.....

Licensed Embalmer No. *3095*

P. O. Address *7128 [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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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