FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35554

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9683

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS MISSOURI — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hospital #1 — Length of stay in 1b: 2 2/9

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY
c. CITY OR TOWN: ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1202 WRIGHT — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First BEN Middle FRANKLIN Last GOELER

4. DATE OF DEATH: Month Oct. Day 6, Year 1956

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: JUNE 26, 1868

9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NO

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (City and state or country): OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY

14. MOTHER'S MAIDEN NAME: COLLEEN ??????

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Address: ST. LOUIS CITY HOSPITAL RECORDS.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cachexia due Poor Nutrition
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary Embolism
DUE TO (c) Post TVR for Bladder Neck Obstruction

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 60bX

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY - Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/7/56, to 10/6/56 and last saw her him alive on 10/6/56
Death occurred at 8:15 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: N. A. Kabalin (Degree or title) MD

22b. ADDRESS: 1515 Lafayette Ave.

22c. DATE SIGNED: 10/10/56

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE: 10-31-56

23c. NAME OF CEMETERY OR CREMATORY: Anatomical Board

23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: Rowland-Aker Mortuary Service
ADDRESS: 4104 Manchester Ave. St. Louis 10, Mo.

25. DATE REC'D BY LOCAL REG.: OCT 24 1956

26. REGISTRAR'S SIGNATURE: Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

VS OCT 2 6 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate wa
by me, or by ....., Student Embalmer No...
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No...

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.