

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1956

State File No. **39418**
9927

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9927	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) St. Louis		c. LENGTH OF STAY (in this place) 1 year		c. CITY OR TOWN St. Louis		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 5576 Pershing Ave.				e. STREET ADDRESS (If rural, give location) 5576 Pershing Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) RALPH		b. (Middle) T.		c. (Last) GOERNER, Sr.		4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 10, 1892		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 11 Days 20	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Lammert Furn. Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hugo G. Goerner, 1		13b. MOTHER'S MAIDEN NAME Minnie Johnson		14. NAME OF HUSBAND OR WIFE Ruby Goerner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-36-6446		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruby Goerner, 5576 Pershing, St. Louis			
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) Bronchogenic Carcinoma ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. 162x				INTERVAL BETWEEN ONSET AND DEATH 4 Mo.	
19a. DATE OF OPERATION July 56		19b. MAJOR FINDINGS OF OPERATION Lymph Node biopsy - Epidermoid Carcinoma				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6:30, 1956 to 10:29, 1956 , that I last saw the deceased alive on 10-27, 1956 , and that death occurred at 6:15 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Rand Murphy MD				23b. ADDRESS 508 N Grand		23c. DATE SIGNED 10-30-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/31/56	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. OCT 31 1956		REGISTRAR'S SIGNATURE Carl Smith MD Louis H Bopp, Inc. Kirkwood		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl Smith MD Louis H Bopp, Inc. Kirkwood			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

no

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 *Francis J. Highland Jr.*

Licensed Embalmer No. *451*

P. O. Address *Hickory*

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.