

STANDARD CERTIFICATE OF DEATH

37469

FILED NOV 8 1957

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

Registrar's 10302

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Lutheran</i>		Length of stay in lb <i>4 days</i>	d. STREET ADDRESS (If outside, give location) <i>3422 Virginia</i>
3. NAME OF DECEASED (Type or print) First <i>Marie</i> Middle <i>Goggin</i> Last		4. DATE OF DEATH Month <i>Oct.</i> Day <i>31</i> Year <i>57</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 30 1905</i>
9. AGE (In years last birthday) <i>52</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	11. BIRTH PLACE (City and state or country) <i>St. Louis, Mo.</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>self</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13a. FATHER'S NAME <i>Christopher McGinn</i>		13b. MOTHER'S MAIDEN NAME <i>Mary E. Lahey</i>	14. NAME OF HUSBAND OR WIFE <i>Joseph A.</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>486-40-14</i>	17. INFORMANT Name <i>Mr. Jack Goggin</i> Address <i>3422 Virginia</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Failure (Infarction)</i>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>Arteriosclerotic Heart Disease.</i>			
DUE TO (c) <i>Generalized Arteriosclerosis</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <i>① Cardio-renal Syndrome & Uremia ② Anemia ③ Mental Anxiety</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>420.0</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>10/29/57</i> to <i>10/30</i> and last saw her alive on <i>10/30/57</i> Death occurred at <i>10/31</i> <i>4A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Charles G. Koeniger M.D.</i>		22b. ADDRESS <i>4401 Hampton Ave</i>	22c. DATE SIGNED <i>10/31/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11/2/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
24. FUNERAL DIRECTOR <i>Gas. A. Howard</i> ADDRESS <i>1619 So. Grand</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 1 57</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i> <i>2186</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *J. W. Binkley*

Licensed Embalmer No. *3653*

P. O. Address *J. J. Lawless*

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.