

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041885

FILED VS NOV 30 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **210241** STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.			Length of stay in lb 4 Days		c. CITY OR TOWN Chaffee
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Glennon Memorial Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD # 1
3. NAME OF DECEASED (Type or print) First KENNETH Middle Marion Last GOSCHE			4. DATE OF DEATH Month 11 Day 5 Year 59		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/14/1954	9. AGE (last birthday) 4	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.	
13a. FATHER'S NAME Cletus Joseph Gosche			13b. MOTHER'S MAIDEN NAME Norma M. Ressel		14. NAME OF HUSBAND OR WIFE Nil.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT Cletus J. Gosche, Rt. # 1 Chaffee, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VENTRICULAR FIBRILLATION - anoxic					INTERVAL BETWEEN ONSET AND DEATH 2 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) VENTRICULAR & ATRIAL SEPTAL DEFECTS & PULMONIC STENOSIS					4 yrs
DUE TO (c) Congenital (cyanotic) heart disease					4 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 754.2				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <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 Nov. 2, 1959 to Nov. 5, 1959 and last saw her/him alive on Nov. 5, 1959 Death occurred at 9:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. Pellin Haulan MD (Degree or title)			22b. ADDRESS 1325 S. GRAND BLVD. ST. LOUIS		22c. DATE SIGNED 11/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-8-59	23c. NAME OF CEMETERY OR CREMATORY St. Lawrence Catholic Cem.		23d. LOCATION (City, town, or county) (State) New Hamburg, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington Blvd.			25. DATE RECD. BY LOCAL REG. NOV 7 1959		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edmond H. Permelin

Licensed Embalmer No.

4283

P. O. Address

St. Louis

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.