

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JUN 8 1960

318

1003

=60-020964

4624

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 5 weeks		c. CITY OR TOWN Jennings		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8812 Wiedle Place			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Arthur Middle Goehler Last				4. DATE OF DEATH Month May Day 1 Year 1960			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-14-1904	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Jennings School Dist		11. BIRTHPLACE (City and state or country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles Goehler			13b. MOTHER'S MAIDEN NAME Clara Peters		14. NAME OF HUSBAND OR WIFE Jennie Goehler		
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. 497-05-8000		17. INFORMANT Address Mrs. Jennie Goehler, 8812 Wiedle Place			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tumor Mass of the 1st, 2nd and 3rd cervical spine, which on gross examination is carcinoma of the spine. DUE TO (b) aggravated when struck by DUE TO (c) 1962 F						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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) purpose done while working at the Jennings School 8837 Cassins, Jennings					
20c. TIME OF INJURY Hour ? Month, Day, Year 1 16 60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) School						
	20f. CITY, TOWN, OR LOCATION Jennings Missouri						
21. I attended the deceased from 130 A to ? and last saw him alive on ? Death occurred at ? on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Patrick Taylor Connor (Degree or title)			22b. ADDRESS 1300 Clark			22c. DATE SIGNED 5.2.60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 4, 1960	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens Cemetery,		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo			
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., ADDRESS 2161 E. Fair Av			25. DATE RECD. BY LOCAL REG. MAY 2 1960	26. REGISTRAR'S SIGNATURE Roan 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. Ford & B. Burn
Licensed Embalmer No. 420
P. O. Address Altoona

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.