

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS NOV 9 1960

-60-040428

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3211 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		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 Kirkwood	Length of stay in 1b DAYS	c. CITY OR TOWN Kirkwood	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If outside, give location) 339 East Argonne Dr.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mary Middle B. Last Gooding	4. DATE OF DEATH Month November Day 5 Year 1960
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5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-1-1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Semi Retired Market Research	10b. KIND OF BUSINESS OR INDUSTRY St. Louis Missouri	11. BIRTHPLACE (City and state or country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME George Burnet	13b. MOTHER'S MAIDEN NAME Annie McCleeny	14. NAME OF HUSBAND OR WIFE Frank C. Gooding
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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. 499-28-4110	17. INFORMANT Ray R. Hard 329 E. Argonne Dr.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary thrombosis	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) diaphragmatic hernia	?
	DUE TO (c)	

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **March 1957** to **Nov. 5, 1960** and last saw her ^{alive} on **Nov. 5, 1960**
Death occurred at **10:00** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul C. Gutzke M.D.	22b. ADDRESS Kirkwood, Mo.	22c. DATE SIGNED 11-7-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 8, 1960	23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
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24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar Blv'd.	25. DATE RECD. BY LOCAL REG. 11-7-60	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Name of Deceased _____
 Date of Death _____
 Place of Death _____
 Name of Embalmer _____
 License No. _____
 State _____
 Date of Embalming _____
 Name of Student _____
 License No. _____
 State _____
 Date of Embalming _____
 Name of Student _____
 License No. _____
 State _____
 Date of Embalming _____

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 Clarence A. Murr
 Licensed Embalmer No. 4011
 P. O. Address St. Louis, Mo.

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.