RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 28 1960

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STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11157

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 52 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1822 Bacon
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: William Middle: Last: Goosby
4. DATE OF DEATH: Month: 11 Day: 16 Year: 60
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/10/84
9. AGE (last birthday): 76
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): CHIPPER = Scullin Steel
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): ABBERVILLE So. CARLINIA
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: JOHN GOOSBY
13b. MOTHER'S MAIDEN NAME: UNKOWN
14. NAME OF HUSBAND OR WIFE: FANNY GOOSBY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 492-09-4145
17. INFORMANT: FANNY GOOSBY Address: 1822 BACON

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart Failure
INTERVAL BETWEEN ONSET AND DEATH: Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 434.1H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary Edema, Carcinoma of Prostate
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10-30-60, to 11-16-60 and last saw him alive on 11-16-60
Death occurred at 10:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Sydney A. Grasu, M. D.
22b. ADDRESS: 2601 N. Whittier St.
22c. DATE SIGNED: 11-17-60
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11/21/60
23c. NAME OF CEMETERY OR CREMATORY: WASHINGTON PARK CEMETERY
23d. LOCATION (City, town, or county): BERKLEY (State): MO
24. FUNERAL DIRECTOR: PRICE UNDERTAKING CO. INC. ADDRESS: 2829 WASHINGTON
25. DATE RECD. BY LOCAL REG.: NOV 19 1960
26. REGISTRAR'S SIGNATURE: Earl Smith M D

DOCUMENT

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_____ Signed Edward A. Flynn
Signature of Student Embalmer

Licensed Embalmer No. 4444

P. O. Address St Louis

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