

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023458

STATE FILE NUMBER

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1713

FILED JUL 12 1961

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Valley Park

Length of stay in 1b
9 Months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Valley Park Nursing Hm.

Inside Limits
Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Missouri

c. CITY
OR
TOWN St. Louis

Inside Limits
Yes No

d. STREET
ADDRESS

(If outside, give location)

1217 Suburban Tracks

Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Ola C Goericke

4. DATE OF DEATH

Month

Day

Year

June 18 1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH

5-12-1886

9. AGE (last birthday)

75

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)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Ava, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Unk Huffman

13b. MOTHER'S MAIDEN NAME

UNK.

14. NAME OF HUSBAND OR WIFE

Henry Goericke Dec.

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

Henry Goericke 8118 Blue Mt. Way

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Atherosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

420.0

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.

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 Sept. 19, 1960 6:30 P June 18, 1961 and last saw her live on June 16, 1961
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert A. Sanders M.D.

(Degree or title)

22b. ADDRESS

1502 Cass Av

22c. DATE SIGNED

6-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-21-61

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery St. Louis Co. Missouri

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

J.W. Clark F.H. 1125 Hodiamont Ave.

ADDRESS

25. DATE RECD. BY LOCAL REG.

6-20-61

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

STATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Mr. Rolt. Standish.
1502 Cass Ave
130 to 5 PM.
Ce/- 93/6

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 W E Morris

Licensed Embalmer No. 3360

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.