

318

1003

10982

-61-042434

STATE FILE NUMBER

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

AMENDED

FILED DEC 1 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**
 Length of stay in 1b **18 yrs.**
8 mo. 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MO.** b. COUNTY _____
 c. CITY OR TOWN **St. Louis**
 Inside Limits? Yes No
 d. STREET ADDRESS **5800 Arsenal St.** (If outside, give location)
 Reside on Farm? Yes No

3. NAME OF DECEASED (Type or print)
 First **Minnie** Middle **T. (Goericke)** Last **Girkie**
 4. DATE OF DEATH
 Month **11** Day **22** Year **61**

5. SEX **Female** 6. COLOR OR RACE **White**
 7. Married Never Married
 Widowed Divorced
 8. DATE OF BIRTH **4-8-83** 9. AGE (last birthday) **78**
 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) **Housewife**
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.**
 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Austin Biggs** 13b. MOTHER'S MAIDEN NAME **Mary (Unknown)** 14. NAME OF HUSBAND OR WIFE **William**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Mo** (If yes, give war or dates of service)
 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Lawrence L. Goericke, 2214 So. 12th St.**
 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) **Generalized atherosclerosis**
 DUE TO (b) _____
 DUE TO (c) **4500**

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 **3-17-43** to **11-22-61** and last saw her/him alive on **11-22-61**
 Death occurred at **8:40 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) **MO** 22b. ADDRESS **5600 Arsenal St.** 22c. DATE SIGNED **11/24/61** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **11-25-61** 23c. NAME OF CEMETERY OR CREMATORY **St. Zions Cemetery** 23d. LOCATION (City, town, or county) **St. Louis, Mo.** Co. _____ (State)

24. FUNERAL DIRECTOR **Albert H. Hoppe, Inc., 4700 Washington Blvd.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **NOV 25 1961** 26. REGISTRAR'S SIGNATURE **[Signature]**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

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 James R. Chapman
Licensed Embalmer No. 4550
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.