OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11421 STATE FILE NUMBER 61-042440

FILED DEC 12 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 D.O.A.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D.O.A. Deaconess Hospital
Inside Limits Yes X 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 X No
d. STREET ADDRESS (If outside, give location) 4982 Miami
Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First Mildred Middle Sophia Last Gockley
4. DATE OF DEATH Month Dec. Day 5, Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH 8/2/03
9. AGE (last birthday) 58
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) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Deaconess Hospital
11. BIRTHPLACE (City and state or country) St.Louis,Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Edward F. Aufderheide
13b. MOTHER'S MAIDEN NAME Ida Billmeyer
14. NAME OF HUSBAND OR WIFE Charles B. Gockley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Address Mrs.Edith Gevers, 10126 Edgefield Dr

MEDICAL CERTIFICATION

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)	Infarction of myocardium	1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic coronary thrombosis	1 hour
DUE TO (c)	Arteriosclerotic heart disease	1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes mellitus 420.1

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 August 5 1961, to Dec 5 1961 and last saw her alive on Dec 5 1961
Death occurred at 11:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lee W Hawkins MD
22b. ADDRESS 1 Clarkson Rd, Chesterfield MO
22c. DATE SIGNED DEC 7 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Dec.8,1961
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
23d. LOCATION (City, town, or county) St.Louis County, (State) Missouri

24. FUNERAL DIRECTOR WACKER-HELDERLE-3634 Gravois Ave.
ADDRESS
25. DATE RECD. BY LOCAL REG. DEC 7 1961
26. REGISTRAR'S SIGNATURE Hazel Smith M.D.

BY AFFIDAVIT OF DOCUMENT

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 _____

Licensed Embalmer No. 4375

P. O. Address St. Louis 23, Mo.

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