

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046368
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 3690
FILED DEC 16 1963

VS 300
Rev. 4/59

1 4009
2 4006
3 2
4 0
5 2
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7 1
8 2
9 4200
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12 86-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. LOUIS | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson | | Length of stay in 1b | c. CITY OR TOWN University City |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hilltop Nursing Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 7616 Carlton |
| 3. NAME OF DECEASED (Type or print) First Middle Last Garve R Coacher | | 4. DATE OF DEATH Month Day Year Nov. 30, 1963 | |
| 5. SEX male | 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 10/4/89 |
| 9. AGE (last birthday) 74 | | 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) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Illinois |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Goacher | |
| 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE deceased | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) no | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Lillian Henderson 3951 Humphrey | | 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) arteriosclerotic heart disease | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Cerebral Thrombosis - hemiplegia right | | | 6 yrs |
| 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 type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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.) | |
| 20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year | | | |
| 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 |
| 21. I attended the deceased from Nov. 2 - 1957 to Nov. 30 - 1963 and last saw him alive on Nov. 30, 1963 Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Deceased's title) John G. McJainey M.D. | | 22b. ADDRESS 5014 Thekla Dr | 22c. DATE SIGNED 11/30/63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE Dec. 3, 1963 | 23c. NAME OF CEMETERY OR CREMATORY St. Mathews Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo |
| 24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd. | | 25. DATE RECD. BY LOCAL REG. 12-2-63 | 26. REGISTRAR'S SIGNATURE John B. Humphrey M.D. |

Raymond B. Goocher

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 *Robert J. Lee Jr.*

Licensed Embalmer No. 4800

P. O. Address *Kirkwood 27 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.