

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pac. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 9 5/8

3. (a) PRINT FULL NAME DANIEL GOUGHENOUR

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Stella Goughenour 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 10, 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 7 years

11. Industry or business switchman

12. Name Hiram Goughenour

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature D. A. Goughenour

(b) Address 6325 Virginia

17. (a) Burial (b) Date thereof 4-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S Grand

19. (a) APR 16 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6825 Virginia
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1940 hour 9:08 minute 2 M.

21. I hereby certify that I attended the deceased from March 30, 1940, to April 13, 1940, that I last saw him alive on April 13, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary occlusion Duration 2 hrs

Due to _____

Due to _____

Other conditions Pulmonary edema
(Include pregnancy within 3 months of death) Auricular fibrillation

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Illness

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

_____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Malvern T. Bryan (M. D. or other)

Address Mo. Pac. Hosp., St. Louis Date signed 4/17/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 511

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed: *Virgil L. Perryman*

Licensed Embalmer No. *4018*

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 this body is not embalmed, above space should be left blank.