

No. 2
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S-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11926

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 817

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Pine Lawn Mo.
(c) Name of hospital or institution:
NONE 3719 Pine Grove
(d) Length of stay: In hospital or institution none
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn
(d) Street No. 3719 Pine Grove.
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME John J. Gockel
3. (b) If veteran, name war None
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 5
year 1947 hour 5 minute 50 PM.
21. I hereby certify that I attended the deceased from 4/3/1943
1943, 19____ to 4/5/, 19 47
that I last saw him alive on April-5th-, 19 47
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Gockel
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased February 3 1872
(Month) (Day) (Year)

Immediate cause of death
Myo cardio decompensation.
Coronary sclerosis, Angina
Due to pectoris,

8. AGE: Years Months Days If less than one day
75 2 1 hr. min.

Due to Generalized arterio
sclerosis, Hypertension.
Other conditions Senility.
(Include pregnancy within 3 months of death)

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

Duration
4 Yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Salesman
11. Industry or business Coen Grocery Co.

MOTHER FATHER
12. Name John Gockel
13. Birthplace _____
14. Maiden name Catherine Wagner
15. Birthplace _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant W. L. Gockel
(b) Address 3719 Pine Grove
17. (a) Burial (b) Date thereof 4 8 47
(c) Place: burial or cremation Calvary Cemetery

While at work? _____
Signature Sub. J. J. Gockel (M. D. or other) _____
Address 3734- Jennings Rd. Date signed 4/7/47

18. (a) Signature of funeral director _____
(b) Address 1389 Union Blvd.
19. (a) 4-10-47 (b) _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3503

3516

3751 J. G.

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..... *Ronald Yalinski*.....
Licensed Embalmer No. *3917*.....

P. O. Address.....

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, fact should be so stated above.