

No. 300  
10. 48

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28918

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

|   |                           |   |   |  |  |   |   |                                       |                                  |
|---|---------------------------|---|---|--|--|---|---|---------------------------------------|----------------------------------|
| BIRTH NO. _____   |                           | REG. DIST. NO. 317  |   | PRIMARY REG. DIST. NO. 3063  |  | Registrar's No. 3088                                  |   |                                       |                                  |
| 1. PLACE OF DEATH<br>a. COUNTY St. Louis 4002   |                           |   |   | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)<br>a. STATE Missouri   |  |   |   | b. COUNTY St. Louis                   |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN Clayton  |                           |   | c. LENGTH OF STAY (in this place)<br>D. O. A.           |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN Eureka 4740 |   |   |                                       |                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital   |                           |   |   | d. STREET ADDRESS (If rural, give location)<br>Highway 109 Eureka Mo.  |  |   |   |                                       |                                  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) August  |                           | b. (Middle) James   |   | c. (Last) Gokey  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>Sept 15 1951 |   |                                       |                                  |
| 5. SEX<br>Male 0  | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Never Married   |   | 8. DATE OF BIRTH<br>April 12 1951  |  | 9. AGE (In years last birthday)<br>4                  | 10. MONTHS<br>4   | 11. DAYS<br>18                        | 12. HOURS & MIN.<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Child  |                           |   | 10b. KIND OF BUSINESS OR INDUSTRY                       |  | 11. BIRTHPLACE (State or foreign country)<br>St. Louis County Missouri                         |   |   | 12. CITIZEN OF WHAT COUNTRY?<br>Amer. |                                  |
| 13a. FATHER'S NAME<br>Joseph John Gokey   |                           |   | 13b. MOTHER'S MAIDEN NAME<br>Sarah Elizabeth Caldwell   |  |  | 14. NAME OF HUSBAND OR WIFE<br>None                   |   |                                       |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>NO  |                           | 16. SOCIAL SECURITY NO.<br>None   |   | 17. INFORMANT'S SIGNATURE OR NAME<br>Mrs Sara Gokey Eureka Mo.   |  |   |   |                                       | ADDRESS                          |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |                           |   |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal head injuries suffered when thrown out of car in which he was riding as a passenger that overturned and ran down a 40 ft. embankment.<br>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) was riding as a passenger that overturned and ran down a 40 ft. embankment.<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.<br>8234 |  |   |   |                                       | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION<br>32400   |   |  |  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                       |                                  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br>Accident  |                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>Street                |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>Eureka St. Louis Mo.  |  |   |   |                                       |                                  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br>9/5/51 12:40 P.m.  |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR?<br>Blunt impact & Crushing force  |  |   |   |                                       |                                  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |                           |   |   |  |  |   |   |                                       |                                  |
| 23a. SIGNATURE (Degree or title)<br>Arnold J. Willmann Coroner  |                           |   |   | 23b. ADDRESS<br>Clayton, 5, Mo.  |  | 23c. DATE SIGNED<br>9/8/51                            |   |                                       |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                           | 24b. DATE<br>9-8-1951   | 24c. NAME OF CEMETERY OR CREMATORY<br>Oak Hill Cemetery |  | 24d. LOCATION (City, town, or county) (State)<br>Kirkwood 22 Missouri                          |   |   |                                       |                                  |
| DATE REC'D BY LOCAL REG.<br>9-7-51  |                           | REGISTRAR'S SIGNATURE<br>Hubert R. Dombke Md  |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Meyer-Pfitzinger Kirkwood 22 Mo.                           |   |   |                                       |                                  |

**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 .....  
Student Embalmer

Signed *William H. Pfitzinger*

Licensed Embalmer No. *4316*

P. O. Address *Kirkwood, 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, fact should be so stated above.