

STANDARD CERTIFICATE OF DEATH

State File No. **37808**

FILED NOV 6 - 1953

BIRTH NO. **75377** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2706**

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give name of township) RICHLAND HEIGHTS c. LENGTH OF STAY (In this place) 2 DAYS d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) 471 Kickwood d. STREET ADDRESS (If rural, give location) 517 W. Birchhill, Richland, Mo		
3. NAME OF DECEASED (Type or Print) (Trin B) a. (First) Trin b. (Middle) B c. (Last) Gooch		4. DATE OF DEATH (Month) (Day) (Year) Oct. 19 53			
5. SEX MO		6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Oct - 17 '53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME James W. Gooch		13b. MOTHER'S MAIDEN NAME Joan E. Lee		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME James W. Gooch	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 2 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 17 Oct., 1953, to Oct 19, 1953, that I last saw the deceased alive on Oct 19, 1953, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Charles J. [Signature]</i>		23b. ADDRESS 1695 Pembury Blvd.		23c. DATE SIGNED 10-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 20 1953		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem		24d. LOCATION (City, town, or county) (State) St. Louis City, Missouri	
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DATE REC'D BY LOCAL REG. 10/20/53		REGISTRAR'S SIGNATURE <i>Walter B. [Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W.H. [Signature]</i>		ADDRESS 36 Clayton	
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(Licensed Embalmer's Statement on Reverse Side) **Rec 165 17 New Rd**

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

Not Embalmed

Licensed Embalmer No. _____

At Rocke

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.