

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2824

State File No.

0968

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> c. LENGTH OF STAY (In this place) <u>10 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Christien Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2107</u> c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> * STREET ADDRESS (If rural, give location) <u>10 4041a Newstead Avenue</u>													
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>W.</u> c. (Last) <u>Goyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28, 1954</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Aug. 5, 1917</u>		9. AGE (In years last birthday) <u>36</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paper Carrier</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward N. Goyer</u>				13b. MOTHER'S MAIDEN NAME <u>Clara M. Schmidt</u>				14. NAME OF HUSBAND OR WIFE <u>Single</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Edward N. Goyer, 4041a Newstead Ave.</u>									
MEDICAL CERTIFICATION																	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute uremia - Bronchial pneumonia</u> 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					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis</u>																	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>491X</u>									
22. I hereby certify that I attended the deceased from <u>1-19</u>, 19<u>54</u>, to <u>1-28</u>, 19<u>54</u>, that I last saw the deceased alive on <u>Jan. 24, 1954</u>, and that death occurred at <u>7:40P</u> m., from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) <u>John J. Bernick M.D.</u>						23b. ADDRESS <u>3409 N. Union</u>				23c. DATE SIGNED <u>1-29-54</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>				24b. DATE <u>2-1-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>FEB 1 1954</u>				REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math. Hermann & Son, Inc. 2161 E. Fair Ave.</u>									

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Richard G. Burns

Licensed Embalmer No. 477

P. O. Address.....
St. Louis

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.