

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25723**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 16541			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston		c. LENGTH OF STAY (in this place) 4 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston		d. STREET ADDRESS (If rural, give location) 6153 Gambleton Pl.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6153 Gambleton Pl.				d. STREET ADDRESS (If rural, give location) 6153 Gambleton Pl.					
3. NAME OF DECEASED (Type or Print) a. (First) Thomas			b. (Middle) H.		c. (Last) Goe		4. DATE OF DEATH (Month) (Day) (Year) July 8 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 14 1879		9. AGE (In years last birthday) 74	10. MONTHS 7	11. YEARS 1	12. HOURS 11	13. MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurants		10b. KIND OF BUSINESS OR INDUSTRY Food		11. BIRTHPLACE (City and State or Foreign Country) Leasberg Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William Goe		13b. MOTHER'S MAIDEN NAME Louise Gross		14. NAME OF HUSBAND OR WIFE Pearl Goe					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Goe 6153 Gambleton Pl.					
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) Cancer of bladder ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis - chr. DUE TO (c) Uremia - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 yrs 2 yrs 6 mos		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		181X		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) (Min.)		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 2/27 , 19 53 to 6/27 , 19 54 that I last saw the deceased alive on 6/27 , 19 54 , and that death occurred at 1:20 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE James Cohen (Degree or title) M.D.				23b. ADDRESS 4509 Olive St. St. Louis		23c. DATE SIGNED 7/9/54			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 10 1954		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery		24d. LOCATION (City, town, or county) (State) Shelbyville Mo.			
DATE REC'D BY LOCAL REG. 7/9/54		REGISTRAR'S SIGNATURE Richard S. Ambrose		25. FUNERAL DIRECTOR'S SIGNATURE Collier Mortuary		ADDRESS 10123 St. Chas Rd.			

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

Dr. Louis Cohen 341 First Ave.

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas. St.

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.