S. No. 300
V. 10.46

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31824

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5619

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 3111 Bell

2214 0

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) c. (Last) Gooch

4. DATE OF DEATH (Month) 6 (Day) 21 (Year) 54

5. SEX Male 2

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH Aug. 25, 1911

9. AGE (In years last birthday) 42 — If under 1 year: Months 9 Days 26 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Work

10b. KIND OF BUSINESS OR INDUSTRY: Foundry Moulder

11. BIRTHPLACE (City and State or Foreign Country): Courtland, Mississippi

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hezikiah E. Gooch

13b. MOTHER'S MAIDEN NAME Annie House

14. NAME OF HUSBAND OR WIFE Nellie Gooch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. ?

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Hezikiah E. Gooch, 3036 Parker, Memph- 15, Tenn.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Spleen; Edema of Brain — INTERVAL BETWEEN ONSET AND DEATH: Undt.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Non Traumatic Due to

DUE TO (c) Malaria O.K.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Exploratory Laparotomy

19a. DATE OF OPERATION 6-19-54

19b. MAJOR FINDINGS OF OPERATION Ruptured Spleen

20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 116X

22. *I hereby certify that I attended the deceased from* 6-18, 1954, *to* 6-21, 1954, *that I last saw the deceased alive on* 6-21, 1954, *and that death occurred at* 6:12 Am., *from the causes and on the date stated above.*

23a. SIGNATURE Earl Belle Smith (Degree or title) M.D. 0

23b. ADDRESS 2601 N. Whittier

23c. DATE SIGNED 6-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6-23-54

24c. NAME OF CEMETERY OR CREMATORY Memphis, Tennessee

24d. LOCATION (City, town, or county) Memphis (State) Tenn.

DATE REC'D BY LOCAL REG. JUN 23 1954

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE S.P. **ADDRESS** People's Und. Co. 3100 Franklin Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. Claude Gord

Licensed Embalmer No. 34

P. O. Address 45756

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.