

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 38770
9028

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 3 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY # 374			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL				d. STREET ADDRESS (If rural, give location) 515 PURDUE			
3. NAME OF DECEASED (Type or Print) a. (First) ANDREW			b. (Middle) P.		c. (Last) GOLDRICK		4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 4, 1954
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Feb. 28, 1884	9. AGE (In years last birthday) 70	10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXECUTIVE SECRETARY		10b. KIND OF BUSINESS OR INDUSTRY ST. L. LAUNDRY OWNERS		11. BIRTHPLACE (City and State or Foreign Country) CLEVELAND, OHIO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME PHILIP GOLDRICK		13b. MOTHER'S MAIDEN NAME ANNA TOMPKINS		14. NAME OF HUSBAND OR WIFE MYRTLE SCOTT GOLDRICK			
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 MRS. MYRTLE GOLDRICK, 515 PURDUE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro intestinal hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 2 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Esophageal varices (?) (Note - No evidence of embolism.) DUE TO (c) Ulcers seen on X-ray.				18 hrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Subtotal gastric resection; fixation of esophageal veins		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION No definite bleeding point found	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 578X			
22. I hereby certify that I attended the deceased from 10-2, 1954, to 10-9, 1954, that I last saw the deceased alive on 10-4, 1954, and that death occurred at 1:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Arthur K. Jansel MD				23b. ADDRESS 18 So. Kings High way		23c. DATE SIGNED 10-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-6-54		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI	
DATE REC'D BY LOCAL REG. OCT 5 1954		REGISTRAR'S SIGNATURE W. J. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STOCK MORTUARIES, 889 S. BRENNAN CLAYTON			

(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.