

FILED NOV 26 1956

STANDARD CERTIFICATE OF DEATH

39993

STATE FILE NUMBER

Registration District No. 312 Primary Registration District No. 542 Registrar's No. 2681

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY | <u>St. Louis</u> | a. STATE | <u>Mo.</u> COUNTY <u>St. Louis</u> |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | <u>Clayton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN | <u>Berkeley</u> <u>Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. ST.L.CoHsppt. D.O.A.</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>4834 Margaret Dr.</u> |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | |
|---|------------------|---|--|---------------------------------|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | |
| First | Middle | Last | Month | Day |
| <u>Sylvia</u> | <u>Joyce</u> | <u>Gocal</u> | <u>11</u> | <u>10</u> |
| | | | Year | <u>56</u> |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH | 9. AGE (In years last birthday) |
| <u>F</u> | <u>W</u> | WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | <u>July 27 1941</u> | <u>15</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY? |
| <u>Child</u> | | <u>None</u> | <u>St. Louis Mo.</u> | <u>U.S.A.</u> |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN NAME | |
| <u>Bennie Gocal</u> | | | <u>Dorothy Shelton</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address | |
| <u>No.</u> | | <u>None</u> | <u>Mr. Bennie Gocal 4834 Margaret Dr.</u> | |

| | | |
|---|------------|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: | | |
| IMMEDIATE CAUSE (a) <u>Multiple internal injuries as a</u> | | |
| <u>direct result of auto accident trauma</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | | |
|---|--|---|--|
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) |
| | | | <u>Struck from rear while walking north on shoulder</u> |
| 20c. TIME OF INJURY | Hour | Month, Day, Year | |
| <u>0:24</u> | <u>p.m.</u> | <u>11/10/56</u> | <u>of Clarkson Road</u> |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> | NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION |
| | | <u>Rural</u> | COUNTY <u>St. Louis</u> STATE <u>Mo.</u> |

| | | |
|--|-------------------|---------------------|
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ | | |
| Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE | (Degree or title) | 22b. ADDRESS |
| <u>Arnold J. Hillmann</u> | <u>Coroner</u> | <u>Clayton, Mo.</u> |
| 22c. DATE SIGNED | | |
| <u>11/15/56</u> | | |

| | | | |
|---|----------------------------|------------------------------------|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| <u>Removal</u> | <u>11/14/56</u> | <u>Calvary Cemetery</u> | <u>St. Louis Mo.</u> |
| 24. FUNERAL DIRECTOR | ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
| <u>Robert D. Kinealy</u> | <u>2228 St. Louis Ave.</u> | <u>11-13-56</u> | <u>Robert P. Dombi MD Jy</u> |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

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..... *Homer W. Dritz*

Licensed Embalmer No. *38*

P. O. Address..... *St. Lu*

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