MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5644

STATE FILE NUMBER 62-020431

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

FILED JUN 15 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST LOUIS,
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4130 a W. NAT'L BRIDGE
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST LOUIS,
Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 4130 a WEST NAT'L BRIDGE
Reside on Farm No X

3. NAME OF DECEASED (Type or print): First PEARL Middle R. Last GOACHER

4. DATE OF DEATH: Month JUNE Day 3 Year 1962

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7/9/1891

9. AGE (last birthday): 70

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): WISC.

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

13a. FATHER'S NAME: CHARLES CLARK

13b. MOTHER'S MAIDEN NAME: ANNA REED

14. NAME OF HUSBAND OR WIFE: FRANK GOACHER

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.: DON'T KNOW

17. INFORMANT: FRANK GOACHER Address: 4130 a W. NAT'L BRIDGE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Carcinoma metastases to lungs — INTERVAL BETWEEN ONSET AND DEATH: 4 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of breast — 3 years.
DUE TO (c): 170X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950, to 1962 and last saw her alive on 6/3/62

Death occurred at 12:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William O. Moursey M.D.

22b. ADDRESS: 931 Northland Medical Bldg

22c. DATE SIGNED: 6/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 6/6/62

23c. NAME OF CEMETERY OR CREMATORY: OAK GROVE CEMETERY

23d. LOCATION (City, town, or county) (State): ST LOUIS COUNTY MO.

24. FUNERAL DIRECTOR ADDRESS: STROOT – CARROLL 4600 NAT'L BRIDGE

25. DATE REC'D. BY LOCAL REG.: JUN 6 1962

26. REGISTRAR'S SIGNATURE: Hart Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	210		9-2
3			
4	1		
5	1		
6			
7	1		
8	2		
9			
10			
11			
12	90-0		
13			

90

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

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_____ Signed M W Rueter

Signature of Student Embalmer

Licensed Embalmer No. 4864

P. O. Address St Louis Mo

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.