# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-021331
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1682

FILED JUN 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4602
2 40002
3
4 2
5 1
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9 332X
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12 45-0
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| | | | |

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: ST. Louis Co.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton MO.
Length of stay in 1b: 4 Wk.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis, co. Hosp
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO.
b. COUNTY: St Louis
c. CITY OR TOWN: Ellenwood, Mo
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 9812 Roberta
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Richard Middle Last Gohlson
4. DATE OF DEATH: Month 5 Day 31 Year 62
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-30-88
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months 2 Days 1
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (City and state or country): Hickman, Co. Ky.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: George Gholson
13b. MOTHER'S MAIDEN NAME: Sally Johnson
14. NAME OF HUSBAND OR WIFE: MaryGohlson
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: Enoch Gohlson Address: 320 Santa Ave.

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): Cerebral Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Post-operative Status ileo-cystostomy
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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 2-9-62, to 5-31-62 and last saw her/him alive on 5-31-62
Death occurred at 10:15 Pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Vincent L Fredrick MD
22b. ADDRESS: 601 So. Brentwood Clayton Mo
22c. DATE SIGNED: 6/2/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-6-62
23c. NAME OF CEMETERY OR CREMATORY: Father Dickson Cem.
23d. LOCATION (City, town, or county) (State): Crestwood, Mo.
24. FUNERAL DIRECTOR: Hemphills Funeral Home, ADDRESS: 408 So. Fillmore
25. DATE RECD. BY LOCAL REG.: 6-5-62
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

**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 Teoffice E. Cooper

Licensed Embalmer No. 4600

P. O. Address 4648 St. Ferdinand
St. Louis 13, 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.