

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3607

1. PLACE OF DEATH

County..... Registration District No. 7421
 Township..... Primary Registration District No. 1000
 City St. Louis (No. 1st)
147th St. Sam Golden (Ward)

File No.....
 Registered No. 1455
 St. Ward)

2. FULL NAME

(a) Residence. No. 2637 Doar St., 13 Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20 - 1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 2

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Meris
 (STATE OR COUNTRY)

10. NAME OF FATHER Robert Golden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Idaho
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ellen Bender

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

14. INFORMANT Marjorie
 (Address) 147th St. St. Louis

15. FILED 147-8 1928 Marjorie REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 26 1928 to Jan 28 1928 that I last saw him live on Jan 28 1928, and that death occurred, on the date stated above, at 3-4

THE CAUSE OF DEATH WAS AS FOLLOWS:

slightest 3 mos
fetus
159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Followed appendectomy
mother (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) James H. D. H. D.

(Address) City of St. Louis
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL POTTERS FIELD DATE OF BURIAL 2-9-1928

20. UNDERTAKER Shannon ADDRESS 147th St. St. Louis

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Golden