N. B.—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.

NOV 10 1933

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

Do not use this space.

34649

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. .....

City St Louis (No. En Route to Hosp. 2 St. ..... Ward)

File No. .....

Registered No. 8809

2. FULL NAME Alice Golden

(a) Residence, No. 3032 Clark St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Female

4. COLOR OR RACE Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk

7. AGE YEARS About 69 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year) Oct - 33

11. Total time (years) spent in this occupation 17 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Georgia

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Edna Pennington 3032 Clark St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 10-12- 1933

19. UNDERTAKER (ADDRESS) Fairmount Funeral Home 4209 W. Easton

20. FILED OCT 10 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No phy in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract. R. Leg. & Left Chest, & Haemorrhage caused when struck by Auto while crossing street (Walking)	
210M	
103B	
Other contributory causes of importance:	
Auto Accident	200

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/8/1933

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto Accident

Nature of injury Fract. Leg & Chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold [illegible], M.D.

10/10/33 (Address) Dep Coroner