

APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH

8744
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township 2 Primary Registration District No. Registered No. 2509
(c) City or St. Louis, Mo. (d) Street No. 4225a Harris Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Louise Goldkamp,
(a) Residence, No. 4225a Harris Ave., St. 10 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Goldkamp,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2nd, 1876		
7. AGE YEARS 63	MONTHS 2	DAYS 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.		
13. NAME Fred Leistler		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Not known		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT (ADDRESS) Mr. Edward Harting, 4225a Harris Ave.,		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Mt. Lebanon Cem. Mar. 18th 39		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und. Co. 1417 N. Market Street.		
20. FILED MAR 16 1939 J. F. Budech Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1939

22. I, HEREBY CERTIFY, That I attended deceased from ~~8:31~~ 1938 to March 15, 1939
I last saw her alive on March 14, 1939. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:
Aortic Aneurysm

Other contributory causes of importance:
Cardiac Hypertrophy
Cardiac Failure

Name of operation (Signed) (Date of) _____
What test confirmed diagnosis _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Dr. Delvanhuysenbach, M. D.
(Address) 806 N. Grand Ave.
St. Louis, Mo.

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.

12-1
M. S. Ponder
9679

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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 this body is not embalmed, above space should be left blank.