

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.

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1862

1. PLACE OF DEATH: St. Louis NOV 9 1939  
 (a) County Clayton  
 (b) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Louis County Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 55 min.  
 (Specify whether \_\_\_\_\_)  
 In this community 55 min.  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County St. Louis  
 (c) City or town Maryland Heights  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Michael and Fee Fee  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Golden, Baby Girl 495  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct. day 21  
 year 1939 hour 1 minute :30 AM.

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 10 21 1939  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-21-39  
 \_\_\_\_\_, 19\_\_\_\_, to 10-21-39, 19\_\_\_\_;  
 that I last saw her alive on 10-21-39, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Anoxemia Duration 55 min

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
 hr. 55 min \_\_\_\_\_

Due to Inadequate space in thoracic cavity due to congenital deformation of tapered column congenital

9. Birthplace Clayton Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Leonard Golden  
 { 13. Birthplace ? Mo.  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Vessie Barnhard  
 { 15. Birthplace ? Mo.  
 (City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
 Major findings: 157 h  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Leonard Golden  
 (b) Address Michael and Fee Fee

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof 10-23-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Louis Mo

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Leonard Golden  
 (b) Address St. Louis Mo  
 19. (a) OCT 23 1939 (Date received local registrar)  
 (b) R. R. Meyers (Registrar's signature)

23. Signature Rach. J. ... (M. D. or other) !  
 Address St. Louis Mo Date signed \_\_\_\_\_

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**