

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **881**

96

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Olivette  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
65 Aylesbury Drive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Frances E. Goldsmith 432

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. MM

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife John O. 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased July 28 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 9 6 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country) mo U

10. Usual occupation At Home

11. Industry or business Housewife

12. Name Frederick Spies

13. Birthplace Belleville, Illinois (City, town, or county) (State or foreign country) UNKN

14. Maiden name Julia A. Gray

15. Birthplace Belleville, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clifford Goldsmith

(b) Address 65 Aylesbury Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director W. H. Shockey

(b) Address 6633 Clayton Road at Concordia Lane

19. (a) MAY 7 1940 (Date received local registration) (b) W. H. Shockey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town OLIVETTE (If outside city or town limits, write "RURAL")  
(d) Street No. 65 Aylesbury Drive (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 4  
year 1940 hour 7 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 1, 1937 to May 4, 1940  
that I last saw her alive on May 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 years

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature W. H. Shockey (M. D. or other) \_\_\_\_\_  
Address 3903 Olivette Date signed 5/6/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 20 1991

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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. 1991

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.**