

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39107/

State File No. _____

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 2659

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bonhomme Restorium 5
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis ⁹⁶
 (c) City or town Chey Chase ⁰
(If outside city or town limits, write "RURAL")
 (d) Street No. 65 Aylesbury Drive ⁰
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John. O. Goldsmith
 3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower
 6. (b) Name of husband or wife Frances E. Goldsmith 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 19, 1854
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Paving contractor

12. Name Bernard Goldsmith
 13. Birthplace La. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lucia Plass
 15. Birthplace St. Louis, Mo. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford S. Goldsmith
 (b) Address 65 Aylesbury Drive

17. (a) Burial (b) Date thereof 12/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Robert J. Ambruster
 (b) Address Clayton Rd. at Concordia Lane

19. (a) DEC - 2 1943 (b) E. G. McStarran, M.D.
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
 year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11/26, 1943 to November 29, 1943
 that I last saw him alive on November 29, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic mitral stenosis (evidence of fungus)
 Due to _____
 Due to _____

Other conditions 924
(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 D. R. Parman (M. D. or other) _____
 Address 3903 Olive St. Date signed 11/30/43

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

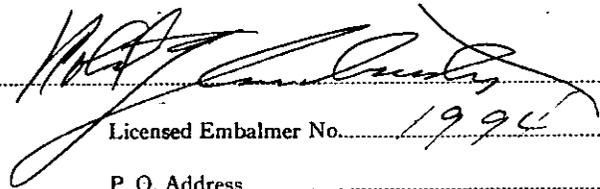
STATEMENT BY LICENSED EMBALMER

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.....

1996

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, fact should be so stated above.