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FILED FEB 4 1944

**318**

**1003**

Registrar's No. **841**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **ST. HELENS**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**BARNES HOSPITAL**  
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution **2 DAYS** (Specify whether  
In this community **2 DAYS** years, months or days)

2. USUAL RESIDENCE OF DECEASED: **999**

(a) State **Illinois** (b) County **11**

(c) City or town **Flora**  
(If outside city or town limits, write "RURAL") **NR**

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **2**

3. (a) PRINT FULL NAME **Goldsbys, Frank Benjamin**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **842-09-8691**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **26**  
year **1944** hour **9** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **Jan 26 (3:15 AM) 1944** to **Jan 26 1944**  
that I last saw him alive on **Jan 26 1944**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Delta Elizabeth**

6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **October 6, 1900**  
(Month) (Day) (Year)

Immediate cause of death

**Acute Cardiac failure**  
**Pulmon. passive congestion**  
Due to **Rheumatic heart disease**  
**(mitral stenosis)**

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<b>43</b>	<b>3</b>	<b>20</b>	_____ hr. _____ min.

9. Birthplace **Flora, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Shoe Worker**

11. Industry or business **Shoe Factory**

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **Rheum. h. disease**  
**mitral & aortic stenosis**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

12. Name **Frank Goldsbys**

13. Birthplace **Sangamoan, Ill.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Annie E. Frederick**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

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 **M. L. Abney** (M. D. or other) \_\_\_\_\_  
Address **BARNES HOSPITAL** Date signed **1/26/44**

16. (a) Informant **Delta Goldsbys**

(b) Address **114 Park Ave. Flora, Ill.**

17. (a) **Removal** (b) Date thereof **1-27-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flora Ill**

18. (a) Signature of funeral director **Howard P. Rowland**

(b) Address **4355 Washington**

19. (a) **JAN 27 1944** (b) **J. J. Beckett**  
(Date received local registrar) (Registrar's signature)

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

**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.....

*Howard A. Rowland*

Licensed Embalmer No. ....

*3114*

P. O. Address.....

*St. Louis, Mo.*

**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.**