

STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 28 1945
318

318

Primary Registration District No.

1003

Registrar's No.

11064

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
310 South Euclid
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... X
(Specify whether

In this community..... X
years, months or days)

3. (a) PRINT FULL NAME Mary Zoe Golterman

3. (b) If veteran, name war..... No

3. (c) Social Security No..... None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife..... Guy Golterman

6. (c) Age of husband or wife if alive..... 66 years

7. Birth date of deceased..... 10 (Month) 9 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>2</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business..... X

MOTHER FATHER { 12. Name..... Edward A. Noonan

13. Birthplace Reading, Pennsylvania 1
(City, town, or county) (State or foreign country)

14. Maiden name..... Margaret A. Brennan

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Guy Golterman

(b) Address..... 310 South Euclid

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof..... 12-19-45
(Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Robert J. Ambruster

(b) Address..... Clayton Road at Concordia Lane

19. (a) DEC 18 1945 (b) J. F. Breesech
(Date received local or foreign) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 310 So. Euclid
(If rural, give location)

(e) Citizen of foreign country?..... X (Yes or No)
If yes, name country..... X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... December day..... 19
year..... 1945 hour..... 4: minute..... 45 A. M.

21. I hereby certify that I attended the deceased from..... 4-5-45
..... 19..... to..... 12-17-45..... 19.....

that I last saw her alive on..... 12-8-45..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Art. Syst. Heart Disease
Arteriosclerosis
Coron. Heart Failure

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... No

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?
(Specify type of place)

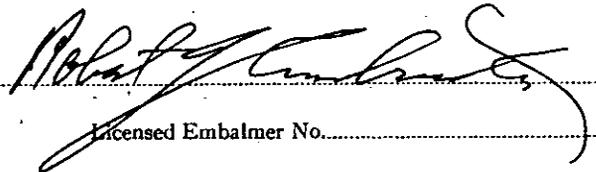
While at work?..... (a) Means of injury.....

23. Signature..... Robert J. Farrell (M. D. or other)
Address..... 624 Union Date signed..... 12-18-1945

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, fact should be so stated above.