

FILED MAR 1 1946 STANDARD CERTIFICATE OF DEATH

State File No. 7471

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1591

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Farmers Decease Hosp.
(d) Length of stay: 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 4717 Delmon Bl.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Farrell G. Golden
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB day 14 year 1946 hour 6 minute 06 P.
21. I hereby certify that I attended the deceased from 1941 to death that I last saw him alive on FEB 13, 1946 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 Alva Golden 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Sept 4, 1874

Immediate cause of death Coronary heart failure
Due to arteriosclerotic heart disease?

8. AGE: Years 71 Months 5 Days 11 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 9/28
Major findings: as above

9. Birthplace Wisconsin

10. Usual occupation Web Manager

11. Industry or business Homey Ready to Wear

12. Name James Golden

13. Birthplace Wisconsin

14. Maiden name Margaret Murphy

15. Birthplace Wisconsin

16. (a) Informant Alva Golden

(b) Address 4717 Delmon Bl.

17. (a) Burial (b) Date thereof Feb 16 1946

(c) Place: burial or cremation Recentyrs.com

18. (a) Signature of funeral director W. A. Null

(b) Address 452 Washington Bl.

19. (a) FEB 16 1946 (b) J. Z. Bedeich

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

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
Signature J. Z. Bedeich (M. D. or other) MD
Address 3115 S Grand Date signed 2-15-46

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

MOTHER FATHER

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

John Keller
3880

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.