

FILED DEC 17 1946

1003

Registration District No. 318

Primary Registration District No.

Registrar's No. 40477

## 1. PLACE OF DEATH:

(a) County..... St. Louis  
 (b) City or town..... St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 4838 Austria  
 (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)

3. (a) PRINT  
FULL NAME

Elizabeth Goin

3. (b) If veteran,  
name war.....3. (c) Social Security  
No.....

4. Sex..... F /  
 5. Color or race..... W  
 6. (a) Single, widowed, married,  
 divorced..... M (D)  
 6. (b) Name of husband or wife..... Charles Sr.  
 6. (c) Age of husband or wife if  
 alive..... 85 years  
 7. Birth date of deceased..... Aug. 17 1865  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 81 3 18 hr. min.

9. Birthplace Mt. Pleasant Penn. (Y)  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

## 11. Industry or business

MOTHER FATHER  
 { 12. Name Wm. P. Whiteknight  
 { 13. Birthplace Penn. //  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Sarah Fox  
 { 15. Birthplace Penn. /  
 (City, town, or county) (State or foreign country)

16. (a) Informant Catherine Goin

(b) Address 4838 Austria

17. (a) Burial (b) Date thereof 12/9/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J.L. Ziegenhein &amp; Sons

(b) Address 7027 Gravois

19. (a) DEC 7 1946 J.F. Buseck  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4838 Austria  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 5, year 1946 hour 4:45 a.m.

21. I hereby certify that I attended the deceased from 12/5/46 to 12/9/46  
 that I last saw him alive Dec 7 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal  
 Bronchitis Pneumonia

Due to Arterio Sclerosis

Due to Hypertension

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)  
 (c) Means of injury.....  
 23. Signature J.F. Buseck (M.D. or other)  
 Address 7027 Gravois Date signed 12/9/46

**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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *Overland 147*

**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.**