

No. 2
-5-43
5-17-39
1 X36671

FILED FEB 3 1948 18

State File No. 726

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
5512 Ashland Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 5512 Ashland Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME James F. Golden.

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 Sarah Golden

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

7. Birth date of deceased Sept. 14 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	4	6	hr. min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business _____

12. Name Patrick Golden

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

14. Maiden name Ann Gannon

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

MOTHER FATHER

16. (a) Informant Mr. Joseph P. Golden.

(b) Address 5512 Ashland Ave.

17. (c) Burial (b) Date thereof 1-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvary Bros.

(b) Address 3320 N. Kingshighway Blvd.

19. (a) JAN 22 1948 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1947 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from Dec. 1st 1946 to Jan 20 1947
that I last saw him alive on Jan 20 1947
and that death occurred on the day and hour stated above.

Immediate cause of death: Chronic myocarditis by arteriosclerosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) None

Duration

Major findings: 9/2

Of operations _____

Of autopsy _____

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at _____ (Specify type of place)

23. Signature J. F. Bredbeck (M. D. or other) _____
Address 4119 Walnut Date signed 1/24/47

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..... *Fred Frick*

Licensed Embalmer No..... 3186

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.