No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

81540

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2554

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 716

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: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 41 years

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. 1808 Park Avenue (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FLOY GOLDER
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife George
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 23, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	3	28	hr. min.

9. Birthplace Calhoun County, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation House-wife
11. Industry or business At Home
FATHER 12. Name William Berry
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Butler
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Frank Golder
(b) Address 1808 Park Avenue
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) JAN 24 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21st year 1948 hour 7 minute 35 P.M.
21. I hereby certify that I attended the deceased from 1/18/48, 19..., to Jan 21st, 19 48 that I last saw h...er alive on Jan-21st, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	4 da
Due to Hypertensive heart disease	chronic
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John Murphy M.D. (Attending physician or other)
Address 1515 Lafayette 1/22/48 Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 C W Cooper

Licensed Embalmer No 3830

P. O. Address 1301 Lafayette

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.