S. 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 APR 21 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

12151

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 233 A

**1. PLACE OF DEATH:**

(a) County Greene

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

(c) Name of hospital or institution: Baptist Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Ten weeks (Specify whether
In this community One year
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illonois (b) County 999

(c) City or town Chicago
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? Citizen (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank Golonsky

3. (b) If veteran, name war Unknown

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Dec. unknown

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

7. Birth date of deceased Oct. (Month) 2 (Day) 1872 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 75 | 4 | 28 | hr. min. |

9. Birthplace Prague, (City, town, or county) Germany (State or foreign country)

10. Usual occupation retired

11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Alyce Henry

(b) Address Rual Route

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-17-48 (Month) (Day) (Year)

(c) Place: burial or cremation Cairo, Illinois

18. (a) Signature of funeral director Alma Johnson Funeral Home

(b) Address 630 St. Louis St.

19. (a) (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 16 year 1948 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from 29 May, 1948, to 16 March, 1948; that I last saw him alive on 16 March, 1948, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Arteriosclerotic Heart Disease Hypertensive Cardiovascular | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations None
Of autopsy None

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) None

(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 Stanley S. Peterson (M. D. or other) MD

Address Springfield Missouri Date signed 17 March 48

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

APR 21 1948

APR 22 1948

## 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 Richard E Watts, Registered Apprentice No. 206, working under my personal supervision.

Signed Jewell E. Windle

Licensed Embalmer No. 2831

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.**