

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14437

BIRTH NO. 49-026362 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6476 Registrar's No. 764

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Normandy		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 16 Hrs		d. STREET ADDRESS (If rural, give location) 4516 Genevieve Ave	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Cinda	b. (Middle) Lou	c. (Last) Golleher	3)29)49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3)29)49	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Normandy Mo.	
12. CITIZEN OF WHAT COUNTRY? None					

13a. FATHER'S NAME Lloyd Golleher	13b. MOTHER'S MAIDEN NAME Glenda Lee	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lloyd Golleher	ADDRESS 4516 Genevieve Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 hr 15 min
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth (540)		DUE TO (b) 776X		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) 159		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-29** ^{33 AM}, 19**49**, to **3-29** ^{6:45 PM}, 19**49**, that I last saw the deceased alive on **3-29**, 19**49**, and that death occurred at **6:55 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Knapp, D.O.	23b. ADDRESS 4981³ Thrush ave	23c. DATE SIGNED 3-30-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3)30)49	24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. 3/30/49	REGISTRAR'S SIGNATURE Theresa L. Lunge	25. FUNERAL DIRECTOR'S SIGNATURE Collier Funeral Home	ADDRESS 10123 St. Charles
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4876
2
8

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 _____

working under my personal supervision.

Student
Student Embalmer

No Embalming

Signed *Sheldon Collier*

Licensed Embalmer No. *5382*

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.