

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11317**  
Registrar's No. **2130**

107991

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>				d. STREET ADDRESS (If rural, give location) <b>1326 Belt Ave.,</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) _____		b. (Middle) _____		c. (Last) _____	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>widowed</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 5 50</b>	
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify)		8. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>O.A.A.</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>9 Unknown</b>		9. AGE (in years last birthday) <b>85</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
13a. FATHER'S NAME <b>Roy Golden</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis (left lenticulostriate artery)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cerebral arteriosclerosis</b> DUE TO (c) <b>CNS lesion</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerotic heart disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>5 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>St. Louis MO</b>		21f. HOW DID INJURY OCCUR? _____	
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"/>		22. I hereby certify that I attended the deceased from <b>1/31/50</b> , 19____, to <b>3/5/50</b> , 19____, that I last saw the deceased alive on <b>3/5/50</b> , 19____, and that death occurred at <b>12:00AM</b> , 19____, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Chloris Taylor M.D.</b>		23b. ADDRESS <b>1515 Lafayette Ave.,</b>		23c. DATE SIGNED <b>3/5/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>		24b. DATE <b>2-6-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>	
DATE REC'D BY LOCAL REG. <b>MAR 6 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rowland Mortuary Service Inc.</b> <b>4164 Manchester Ave. St. Louis 10, Mo.</b>			

WRITE PLAINLY—USING UNFAADING 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 <sup>not</sup> embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Howard P. Rowland*

Signed.....

Student Embalmer

Licensed Embalmer No.

*3114*

P. O. Address

*Thomas R.*

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.