

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22286

State File No. 11180

#112096

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1002

Registrar's No.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri			a. STATE Mo		
c. LENGTH OF STAY (In this place)			b. COUNTY		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2239		
No. STREET ADDRESS 217 Hedweg			(If rural, give location)		
3. NAME OF DECEASED (Type or Print)		a. (First) ROBERT		b. (Middle) GOLDEN	
c. (Last)		4. DATE OF DEATH		December 27th, 1950	
5. SEX M		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 14 1897		9. AGE (In years) 53		10. UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY?		13. HOURS Mtn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13a. FATHER'S NAME Henry Golden		13b. MOTHER'S MAIDEN NAME Mary P		14. NAME OF HUSBAND OR WIFE Ethel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rebecca - 2331 Mulberry	
(If yes, give war or dates of service)		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) Malnutrition		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 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? FALL		22. I hereby certify that I attended the deceased from 12/25/50 to 12/27/50, 19__, that I last saw the deceased alive on 12/27/50, 19__, and that death occurred at 9:30am, from the causes and on the date stated above.			
23a. SIGNATURE Robert Keyser M.D.		(Degree or title)		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 12/27/50		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-29-50	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) St. Louis, Mo		(State)	
DATE REC'D BY LOCAL REG. DEC 29 1950		REGISTRAR'S SIGNATURE J. B. Lassater		25. FUNERAL DIRECTOR'S SIGNATURE Gullett & Kelly, 4386 Fenwick	
ADDRESS		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed *James A. Lammie*

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.