

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10920

BIRTH NO. <u>26478-51</u>		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>835</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves 4637</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1107 CHARLEVILLE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>INFANT</u>		b. (Middle) <u>GOLDSCHMIDT</u>		c. (Last) <u>GO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 29, 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(1)</u>		8. DATE OF BIRTH <u>MARCH 29, 1951</u>		
9. AGE (In years last birthday) <u>SHES</u>		IF UNDER 1 YEAR Months		IF UNDER 1 MIN. Hours		Min.		
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) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>ARCHIE GOLDSCHMIDT</u>			13b. MOTHER'S MAIDEN NAME <u>GLAYDES BERGMAYER</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>ARCHIE GOLDSCHMIDT</u> ADDRESS <u>CHARLEVILLE</u>				
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) <u>Pneumonia - 6 weeks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776x</u>					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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Mar 29, 1951</u> , to <u>Mar 29, 1951</u> , that I last saw the deceased alive on <u>Mar 29, 1951</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. J. Volkmann D. W.</u> (Degree or title)				23b. ADDRESS <u>5200 Big Bend</u>		23c. DATE SIGNED <u>3/30/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>NOBIAL</u>		24b. DATE <u>3-31-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALCARY</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3/31/51</u>		REGISTRAR'S SIGNATURE <u>Robert R. Tomke M.D.</u>		FURNERAL DIRECTOR'S SIGNATURE <u>W. J. Coughlin</u>		ADDRESS <u>7146 Manchester</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

.....  
working under my personal supervision.

.....  
Student Embalmer No.....

Signed.....

*Not Embalmed*  
*M. J. Baylun*

.....  
Licensed Embalmer No.....

Signed.....  
Student Embalmer

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.