

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14119

State File No. 4102

FILED MAY 12 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1008** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place) 3 DAYS		7. TOWN ST. LOUIS 2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION FAITH HOSPITAL		d. STREET ADDRESS (If rural, give location) 5640 HILLER PLACE	

3. NAME OF DECEASED (Type or Print) a. (First) SOPHIA b. (Middle) GOLTZ c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) APRIL 28 1951		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 28, 1879	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 28 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY AT-HOME	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JACOB GAUS	13b. MOTHER'S MAIDEN NAME NOT KNOWN	14. NAME OF HUSBAND OR WIFE WALTER GOLTZ
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME WALTER GOLTZ	ADDRESS 5640 HILLER PL.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio-vascular heart disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			443X

19a. DATE OF OPERATION 4-25-51	19b. MAJOR FINDINGS OF OPERATION Acute hydrops gall bladder	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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? 211X

22. I hereby certify that I attended the deceased from **4-20-51**, 19**51**, to **4-28-51**, 19**51**, that I last saw the deceased alive on **4-27-51**, 19**51**, and that death occurred at **8:35A m.**, from the causes and on the date stated above.

23a. SIGNATURE BENINCOSA (Degree or title) Anthony V. Benincosa MD	23b. ADDRESS 6153rd Natural Bridge	23c. DATE SIGNED 4-28-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/1/1951	24c. NAME OF CEMETERY OR CREMATORY FRIEDENS	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO
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DATE REC'D BY LOCAL REG. MAY 1 1951	REGISTRAR'S SIGNATURE J. B. Lanster	25. FUNERAL DIRECTOR'S SIGNATURE BUSHHOLZ-KOELLER	ADDRESS 5967 W. FLORISSANT
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
-10.48-

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.....

..... Student Embalmer No.

..... working under my personal supervision.

Signed.....

William G. Buchholz

Signed.....

Student Embalmer

Licensed Embalmer No.

2110 J

P. O. Address.....

St. Louis, Mo.

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.