

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31494**
8551
Registrar's No.

FILED OCT 10 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 30 yrs		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If rural, give location) 21 2126th Carey St	

3. NAME OF DECEASED (Type or Print) Andrew		a. (First)	b. (Middle)	c. (Last) Gold	4. DATE OF DEATH (Month) (Day) (Year) 9 25 51		
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5. SEX M	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-22-1874	9. AGE (In years, Months, Days) 76	10. UNDER 1 YEAR	11. UNDER 15 MINS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tenn	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME UN KNOWN	13b. MOTHER'S MAIDEN NAME UN KNOWN	14. NAME OF HUSBAND OR WIFE Mattie Gold
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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. _____	17. INFORMANT'S SIGNATURE OR NAME William Gold	ADDRESS 2130 Biddle St
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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
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) _____		
		ANTECEDENT CAUSES		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) Cerebral Apoplexy		
		DUE TO (c) _____		
		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? 334X
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **150A** m., from the causes and on the date stated above.

23a. SIGNATURE William Gold	(Degree or title) 3	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 9/26/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 19-29-51	24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery	24d. LOCATION (City, town, or county) (State) Jemmy MD
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DATE REC'D BY LOCAL REG. SEP 27 1951	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. G. Lowe	ADDRESS 2930 Dickson St.
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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

Leroy H. Farnister

Signed
Student Embalmer

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton*

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.