

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42959

State File No. _____

FILED JAN 16 1952

Registrar's No. 11648

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100		State File 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) OR TOWN Saint Louis		c. LENGTH OF STAY in this place 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		d. STREET ADDRESS (If rural, give location) 3301a No. Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION: City Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) FREDERICK c. (Last) GOLDAMMER			4. DATE OF DEATH (Month) (Day) (Year) Dec. 28 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Widower	8. DATE OF BIRTH Jan. 18, 1879		9. AGE (In years) 72 IF UNDER 1 YEAR Months _____ IF UNDER 24 HRS. Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (State or foreign country) Saint Louis		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Frederick Goldammer		13b. MOTHER'S MAIDEN NAME Elizabeth Straner		14. NAME OF HUSBAND OR WIFE Methilda Hernandez Goldammer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 499-01-6520		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Roscoe, 4729a Natural Bridge			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3° burns of 65% of body; supper eaten deceased and suffered in an explosion and fire caused by escaping gas in home at 3301 a No Broadway ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS assault 1236 pm Dec 26 1951 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 accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) accident HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Dec 26 5:12 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6916046			
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 5:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Med. Officer Department				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12/31/51	
24. BURIAL, CREMATION, REMOVAL (Specify) Crema		24b. DATE Dec. 31, 1951		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) Saint Louis Missouri	
DATE OF REGISTRATION DEC 31 1951		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TRUTH CENTER MORTUARY 4024 Lindell Blvd.			

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

DEC 31 1951

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.

Student
Student Embalmer

Signed.....

Robert O. Yehrike

Licensed Embalmer No.

3917

P. O. Address.....

St. Louis

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.