

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12677

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 730

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) 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>MAPLEWOOD</u>		c. LENGTH OF STAY (in this place) <u>12 yr</u>	c. CITY OR TOWN <u>MAPLEWOOD</u> ⁴⁵⁴
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7478 HAZEL</u>		• STREET ADDRESS (If rural, give location) <u>7478 HAZEL</u>	

3. NAME OF DECEASED (Type or Print) <u>GOLDA HARRINGTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 4th, 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-27-1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR (Days) <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monticello, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Richard T. Ayre</u>	13b. MOTHER'S MAIDEN NAME <u>Della Ray</u>	14. NAME OF HUSBAND OR WIFE <u>Willard K. Harrington</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Saranna Harrington, above</u>

18. CAUSE OF DEATH Enter only one cause per line for (a); (b); and (c) <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary deficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u>		<u>3 wks.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>481X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?

22. I hereby certify that I attended the deceased from Mar. 4, 1953, to 3-4, 1953, that I last saw the deceased alive on Mar. 4, 1953, and that death occurred at 9A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Theo J. Kiel M.D.</u> (Degree or title)	23b. ADDRESS <u>7465 Hazel Ave, Maplewood, Mo.</u>	23c. DATE SIGNED <u>3-5-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-6-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Monticello</u>
24d. LOCATION (City, town, or county) (State) <u>Monticello, Ill.</u>		

DATE REC'D BY LOCAL REG. <u>3-5-53</u>	REGISTRAR'S SIGNATURE <u>Hester R. Dumb...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B. Smith Maplewood Mo.</u>
--	--	--

4004
1

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

R. 11

AUG 7 1957

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.....
Signature of Student Embalmer

Signed.....
J. J. Burgess

Licensed Embalmer No. 4029

P. O. Address. Maplewood

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.