S. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 18 1953

State File No. 15723

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3464

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 8 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5363 NO UNION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2079
d. STREET ADDRESS (If rural, give location) 5363 NO UNION

3. NAME OF DECEASED (Type or Print) a. (First) TESSIE b. (Middle) C. GOLDING c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) MAR 30 1953

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH MAR-1-1880
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 0 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) LITCHFIELD - ILL
12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME JAMES W. BUTTS
13b. MOTHER'S MAIDEN NAME JENNIE ALLEN
14. NAME OF HUSBAND OR WIFE FRED GOLDING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mrs. Alberta Phillips ADDRESS 5363 Union

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility —
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 ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4221

22. I hereby certify that I attended the deceased from Feb. 1, 1953, to March 30, 1953, that I last saw the deceased alive on March 30, 1953, and that death occurred at 11:19 P m., from the causes and on the date stated above.

23a. SIGNATURE H. L. Sickering (Degree or title) D.O. 2
23b. ADDRESS 6109 Nat. Bridge St. Louis
23c. DATE SIGNED 3/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 4-2-53
24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY - MO

DATE REC'D BY LOCAL REG. APR 1 1953
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE L. B. Tanner ADDRESS 6107 Natural Bridge

(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.....

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

working under my personal supervision.

Student .....
Student Embalmer

Signed Fred J. Tanner

Licensed Embalmer No. 4788

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.