

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5. No. 300
v. 10-48

FILED JUN 26 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 5476

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Louis 771	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis (U township))		c. CITY OR TOWN Gardenville 81	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 1
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 7819 Elton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bns. Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Richard	b. (Middle) B.	c. (Last) Goldammer	4. DATE OF DEATH (Month) (Day) (Year) May 31, 1953
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower 2	8. DATE OF BIRTH Apr. 17, 1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer	10b. KIND OF BUSINESS OR INDUSTRY Jewelry	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo 0	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Ehrgrut Goldammer	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Goldammer 7819 Elton
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Suprapubic Prostatectomy 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 May 20-53	19b. MAJOR FINDINGS OF OPERATION Large prostate w/ abscess formation	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 610X
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22. I hereby certify that I attended the deceased from May 14, 19 53, to May 31, 19 53, that I last saw the deceased alive on May 31, 19 53, and that death occurred at 10:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stephen M. Tappan M.D. 0	23b. ADDRESS 818 Olive	23c. DATE SIGNED 6-1-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-3-53	24c. NAME OF CEMETERY OR CREMATORY Our Redeemer	24d. LOCATION (City, town, or county) (State) Affton Mo.
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DATE REC'D BY LOCAL REG. JUN 2 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John L. Ziegenhein & Sons 7027 Gravois
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(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.....
Signature of Student Embalmer

Signed *C. P. Kidwell*.....

Licensed Embalmer No. *3877*.....

P. O. Address *7027 Grand*.....

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.