

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39420

State File No. ....

FILED NOV 28 1956

9912

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>40-yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5448 Cabanne Ave.</b>				e. STREET ADDRESS (If rural, give location) <b>2059 5448 Cabanne Ave.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>			b. (Middle) _____			c. (Last) <b>Golden</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 29, 1956</b>			5. SEX <b>M.</b>			6. COLOR OR RACE <b>W.</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>			8. DATE OF BIRTH <b>Oct. 10, 1892</b>			9. AGE (In years last birthday) <b>64</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man-Visitation</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Convent</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Ireland</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			13a. FATHER'S NAME <b>Michael Golden</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Picket</b>			
14. NAME OF HUSBAND OR WIFE <b>Mrs. Mary Golden</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. _____			
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Golden</b>			17. ADDRESS <b>5448 Cabanne Ave.</b>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>				II. OTHER SIGNIFICANT CONDITIONS				Sudden	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Coronary Atherosclerosis</b>					
DUE TO (c) _____				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION <b>420.1</b>			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) (Min) _____		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 <b>9/30, 1950</b> to <b>10/29, 1956</b> that I last saw the deceased alive on <b>10/15, 1956</b> , and that death occurred at <b>9:30 p.</b> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Madeline B. Bawell MD</b>				23b. ADDRESS <b>4660 Maywood</b>				23c. DATE SIGNED <b>10/22/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 2, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>OGT 30 1956</b>		REGISTRAR'S SIGNATURE <b>Paul Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter J. Donnelly</b>		ADDRESS <b>840 Lindell Blvd.</b>			

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  .....

Licensed Embalmer No. 46

P. O. Address 3840

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.