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Doctor, coroner, etc. must use only standard nomenclature in them for the symptoms and/or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008019
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 406

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: University City — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 6640 Washington — Length of stay in 1b: 9 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: University City 43360 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 6640 Washington — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Marguerite Middle: Mildred Last: Goldberg
4. DATE OF DEATH Month Day Year: 2/9/58

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: Sept. 23, 1892
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months Days — 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: Own Home
11. BIRTHPLACE (City and state or country): Maplewood, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Pound
14. MOTHER'S MAIDEN NAME: Marguerite M. Gillis (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Mr Edward E, Johnson 6640 Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease - Myocarditis Chronic — INTERVAL BETWEEN ONSET AND DEATH: Years
Post-Coronary Infarction. — 10 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary edema — 5 Months
Ventricular Tachycardia. — 6 Months
DUE TO (c) Failure — 3 Months
4/201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Hypertrophitic urethritis - 3 months.
Diabetes Mellitus Years

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 1957, to February 9, 1958 and last saw her/him alive on 2-3-58
Death occurred at 6:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Fred W. Clark M.D.
22b. ADDRESS: 864 Hamilton Blvd St. Louis 12 Mo
22c. DATE SIGNED: 2-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/10/58
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co, Missouri

24. FUNERAL DIRECTOR ADDRESS: Alexander & Sons 6175 Delmar Bl
25. DATE RECD. BY LOCAL REG.: 2-10-58
26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D. Jr.

(Licensed Embalmer's Statement on Reverse Side)

Dr J Fred W Clark
Pa 1-2354

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos. E. McCullo

Licensed Embalmer No. 24

P. O. Address 6,7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.