Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042825
STATE FILE NUMBER

NOV 24 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2960

1. PLACE OF DEATH a. COUNTY 7626 Natural Bridge Convent of Immaculate Heart
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy, Mo — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Convent of Immaculate Heart — Length of stay in 1b YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE St. Louis b. COUNTY Mo
c. CITY OR TOWN Normandy, Mo — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 7626 Natural Bridge — Reside on Farm Yes ☐ No ☑

4180

3. NAME OF DECEASED (Type or print) First Anne Middle — Last Golden
4. DATE OF DEATH Month Nov. Day 14 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH Nov. 14 1958
9. AGE (In years last birthday) 95 — IF UNDER 1 YEAR Months 8 Days 24 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Nurse
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (City and state or country) St. Louis, Mo 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Patric Golden
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Single
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. None
17. INFORMANT Mrs Albert W. Dierkes Address 9978 Valley, Mo.

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) ARTERIOSCLEROSIS, GENERALIZED — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4500
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 SEPT 15, 1958, to NOV. 14, 1958 and last saw her ~~him~~ alive on NOV 11, 1958
Death occurred at 10:40 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Earl W. Lamm (Degree or title) MD
22b. ADDRESS 6000 W. FLORISSANT
22c. DATE SIGNED 11/15/58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE Nov. 17, 1958
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Calvary
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Cullinane Bros ADDRESS 3320 N. Kingshighway
25. DATE RECD. BY LOCAL REG. 11-15-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Elton R. H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, M

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.