No. 300
10.48

FILED VS AUG 5 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-026692
State File No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 2 6979

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS.
c. LENGTH OF STAY (in this place): 99.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6021 PERSHING.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: /
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS.
d. STREET ADDRESS (If rural, give location): 6021 PERSHING.

3. NAME OF DECEASED (Type or Print)
a. (First): AMELIA.
b. (Middle):
c. (Last): GOUDIE.

4. DATE OF DEATH (Month) 7 (Day) 25 (Year) 59.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 8-28-1869.
9. AGE (In years last birthday): 89.
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): ALTON. ILL.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: ANDREW REYMANN.
13b. MOTHER'S MAIDEN NAME: APPELONIA. SUTTER.
14. NAME OF HUSBAND OR WIFE: TOM. GOUDIE (DEC)

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: X Caroline V. Goudie
ADDRESS: 6021 PERSHING ST. LOUIS MO

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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): 331X

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?:

22. *I hereby certify that I attended the deceased from* May 4, 1955, *to* July 22, 1959, *that I last saw the deceased alive on* July 22, 1959, *and that death occurred at* 5:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: HH Sherrelford (Degree or title): D
23b. ADDRESS: 3903 Olive
23c. DATE SIGNED: 7/27/59

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 7/28/59
24c. NAME OF CEMETERY OR CREMATORY: UPPER ALTON
24d. LOCATION (City, town, or county) (State): ALTON ILL

DATE REC'D BY LOCAL REG.: JUL 28 '59
REGISTRAR'S SIGNATURE: Karl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Roberta Monroe
ADDRESS: 603 Henry Alton
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Shackelford
Neal Bldg. V. 4th & Pine

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 .....

Licensed Embalmer No. 6133

P. O. Address .....

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.