

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-037628

STATE FILE NUMBER

FILED VS NOV 6 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. 2 9967 Registrar's No. \_\_\_\_\_

V. S. 300

Rev. 1-57

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securing the medical certification in the specific manner required by 193.140 MoRS 1949.  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>St Louis City</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside separate limits, give TOWNSHIP only) OR TOWN <u>St Louis</u>		c. CITY OR TOWN <u>St Louis Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home, 6734 Clayton Ave</u>		d. STREET ADDRESS (If outside, give location) <u>6734 Clayton Ave St Louis Mo</u>	
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle _____ Last <u>Goldsmith</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>29</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 22 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painting</u>	11. BIRTHPLACE (City and state or country) <u>Memphis Tenn</u>
13a. FATHER'S NAME <u>Michael Goldsmith</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Larkin</u>	14. NAME OF HUSBAND OR WIFE <u>Mary</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W.W.I. 1917-1918</u>		16. SOCIAL SECURITY NO. <u>489 095769</u>	17. INFORMANT <u>wife</u> Address <u>St Louis Mo</u> <u>6734 Clayton Ave</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>331x</u>			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <u>Mar 1956</u> , to <u>10-29-59</u> and last saw <u>him</u> alive on <u>Aug 1959</u> Death occurred at <u>9:29 AM</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joseph Smith MD</u> (Degree or title)		22b. ADDRESS <u>8515 Delmar St Louis Mo</u>	22c. DATE SIGNED <u>10-29-59</u>
23a. BURIAL (CREMATION, REMOVAL (Specify)) <u>BURIAL</u>		23b. DATE <u>NOV. 2, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>
23d. LOCATION (City, town, or county) <u>ST. LOUIS, MO</u>		(State)	
24. FUNERAL DIRECTOR <u>STROOT CARROLL 4600 NATURAL BRIDGE</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 30 1959</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>

B.P.

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 M W Rueter .....

Licensed Embalmer No. 4865 .....

P. O. Address St Louis Mo .....

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.