

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318 1003 7141 -61-026840
 REGISTRATION DISTRICT NO. PRIMARY REGISTRATION DISTRICT NO. REGISTRAR'S NO. STATE FILE NUMBER

AMENDED

FILED AUG 8 1961

1. PLACE OF DEATH
 a. COUNTY 6 yrs.
 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b
 OR TOWN St. Louis 7 mo. 3 wks.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5414 Reber Pl. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
 Lena Goldmann 7-30-61

5. SEX Female 6. COLOR OR RACE White 7. Married Widowed Never Married Divorced
 8. DATE OF BIRTH 6-30-1873 9. AGE (last birthday) 88
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY At Home
 11. BIRTHPLACE (City and state or country) Mo. St. Louis 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jacob Bauer 13b. MOTHER'S MAIDEN NAME Christine ? 14. NAME OF HUSBAND OR WIFE Late Edward Frank Goldmar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Address Mabel Zurfluh 5344 Southwest Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pneumonia, etiology unknown
 DUE TO (b) _____
 DUE TO (c) 493X
 CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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 Month, Day, Year
 a.m. p.m.

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 12-8-54 to 7-30-61 and last saw her/him alive on 7-30-61
 Death occurred at 6:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Decree or title) 22b. ADDRESS 5600 Arsenal 22c. DATE SIGNED 7/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Aug. 2, 1961 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 23d. LOCATION (City, town, or county) St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway Blvd. 25. DATE RECD. BY LOCAL REG. AUG 1 1961 26. REGISTRAR'S SIGNATURE Leonard Smith, M.D.

DATE AMENDED
 3
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 R.W. Storrison

Licensed Embalmer No. 4007

P. O. Address St Louis

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.