

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

1938 OCT 12

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

30701
 Do not use this space.

1008

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **8138**
 (c) City **Saint Louis** (d) Street No. **Missouri Baptist Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Morrissey Golden**

(a) Residence, No. **1129 South Kingshighway** St. **12**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
 4. COLOR OR RACE **White**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Golden**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Do not know**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 65 — — —

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as saw mill, bank, etc. **at home**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Saint Louis Mo. Missouri**

FATHER
 13. NAME **Do not know**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER
 15. MAIDEN NAME **Bridget O'Conner**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Mrs. Con Curran**
 (ADDRESS) **1129 South Kingshighway**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary Cemetery** DATE **Sept. 16 38**

19. FUNERAL DIRECTOR **Thomas J. Suman**
 (ADDRESS) **1519 South Grand Blvd.**

20. FILED **SEP 14 1938** **J. D. Bredich**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 13 38**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 15 1938** to **Sept 13 1938**
 I last saw him alive on **Sept 10 1938**. Death is said to have occurred on the date stated above, at **12 30** m.
 The principal cause of death and related causes of importance were as follows:

Acute Diffuse Date of onset **1930**

Other contributory causes of importance: **Chronic**

Name of operation **None** Date of
 What test confirmed diagnosis **None** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify **no**
 (Signed) **J. D. Bredich**, M. D.
 (Address) **114 West Third St. Bldg.**

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

John Ketter

Licensed Embalmer No. 3880

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.)

Received July 12 '17