

Registration District No. 91

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
380 N. Taylor  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution nil  
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Earl Golightly

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 494-07-5700

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Haley

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Feb. 10, 1903  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>11</u>	<u>17</u>	hr. min.

9. Birthplace Louisville, Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business St. Louis Physicians Supply

12. Name Earl Golightly

13. Birthplace Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Lynch  
(City, town, or county) (State or foreign country)

15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Golightly

(b) Address 380 N. Taylor

17. (a) Burial (b) Date thereof 1-29-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) JAN 28 1941 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 380 N. Taylor  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28  
year 1941 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Dec 28,  
1940, to Jan 27, 1941;  
that I last saw ~~him~~ her alive on Jan 17, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary occlusion Duration 1 hr.

Due to Coronary Sclerosis 1 year

Due to Hypertensive C.V.R. Disease 1 year

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy None

PHYSICIAN 131  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. Brennan MD (M. D. or other) 1  
Address 539 N. Grand Blvd Date signed 1/28/41

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

**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.....

....., Registered Apprentice No.....

working under my personal supervision.....

Signed.....

*J.P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

**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.**