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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38030

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 2471

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Manchester Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pine Crest Nursing Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 3855 Delmar (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY JANE GOLDSMITH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years | Months | Days — If less than one day hr. min.

Unknown

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Unk.
13. Birthplace Unk. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unk.
15. Birthplace Unk (City, town, or county) 9 (State or foreign country)

16. (a) Informant Louis H Bopp Inc & Pine Crest Nursing Home

(b) Address Kirkwood, Mo. Callaway Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 11-12-42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington V.

18. (a) Signature of funeral director W. Kohler

(b) Address 3500 Cottage St

19. (a) NOV 30 1942 (Date received local registrar) (b) G. McGarrow M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27d year 1942 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from October 17th, 1942 to October 27th, 1942 that I last saw her alive on October 27th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to

Due to

Other conditions Arterio-Sclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Jansen D (M. D. [redacted])

Address Manchester, Mo. Date signed 10/27/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.