

FILED MAR 2 1943 18

1003

Registration District No. 1943 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:
3855 DELMAR AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3855 DELMAR
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Josie ANN GOLDEN

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GEORGE 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased MAY 20 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>8</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name SAMUEL FALL

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

14. Maiden name REBECCA BECK

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

16. (a) Informant Geo Remnick

(b) Address 4666 Delmar

17. (a) BURIAL (b) Date thereof FEB 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PAK GROVE

18. (a) Signature of funeral director Cullen Kelly

(b) Address 1416 N. TAYLOR

19. (a) FEB 21 1943 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 19
year 1943 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb 16/43
2-16- 1943 to Jan 19- 1943
that I last saw her alive on Jan 19- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Neuritic

Due to Neuritic (Chronic)

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 G. Bredbeck (M. D. or other) _____

Address 7532 Washington Blvd. Date signed 2/21/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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

Clement M. Neave

Licensed Embalmer No. *3732*

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 this body is not embalmed, fact should be so stated above.