V. S. No. 2
.00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1946

State File No. 39200

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11732

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: Homer G Phillips Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 90 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4111 Papin
(If rural, give location)
(e) Citizen of foreign country? D (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eugene Goldsby

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife unk

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

7. Birth date of deceased Jan 15, 1884 (Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Green Goldsby
13. Birthplace (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Drusilla Armor
15. Birthplace (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Edith Elliott
(b) Address 4111 Papin St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director R. M. S. Green
(b) Address 3517 Bacclede Ave

19. (a) JAN 4 1946 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30 year 1945 hour 8 minute 55P M.

21. I hereby certify that I attended the deceased from 10-20 19 45 to 12-30 19 45; that I last saw him alive on 12-30 19 45; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Degenerative Heart Disease with
Far Advanced Decompensation

Due to

Due to

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

Major findings:
Of operations

Of autopsy No

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 B. H. Phillips (M. D. or other)
Address 2601 N Whittier Date signed 1/3/46

(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 Melvin Edward Green, Registered Apprentice No. 383 working under my personal supervision.

Signed M. E. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Seclede Ave

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.