S. No. 2
M—5-43
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I X36671

6048

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7098

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 374

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution:
8264 BRENNER
(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 ST LOUIS 96

(c) City or town VINITA PARK 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8264 BRENNER 0
(If rural, give location)

(e) Citizen of foreign country? ..... (~~Yes~~ or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Michael W. Golden

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife —

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

7. Birth date of deceased JAN (Month) 6 (Day) 1946 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	1	3	..... hr. ..... min.

9. Birthplace ST LOUIS (City, town, or county) Mo O (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name ELMER GOLDEN
13. Birthplace IBERIA (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name MILDRED ZYKAN
15. Birthplace ST LOUIS (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Elmer Golden

(b) Address 8264 Brenner

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-11-46 (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES

18. (a) Signature of funeral director ORTMANN F. HOME

(b) Address 9222 LACKLAND OVERLAND Mo

19. (a) 2-13-46 (Date received local registrar) (b) E. G. McGovern M D (Registrar's signature) M Za

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 9
year 1946 hour ..... minute 4 P. M.

21. I hereby certify that I attended the deceased from Feb 9 - 1946 to Feb 9 1946
that I last saw h. — alive on Feb 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Labor Pneumonia	1 day
Due to — 108	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 John S Cornell (M. D. ~~or other~~) U

Address 10366 Lackland Rd Date signed 2/11/46

(Licensed Embalmer's Statement on Reverse Side)

St Louis Co Mo (c 4)

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.....Al C Ostrander.....

Licensed Embalmer No.....3478.....

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.