

FILED MAR 318
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(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 Missouri (b) County 000

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

(d) Street No. 3440a St. Vincent
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME TINA THOMAS

3. (b) If veteran, name war -- 3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th
year 1946 hour 1:15 minute A M.

21. I hereby certify that I attended the deceased from 1/22/46
to 2/12/46, 19____ to 2/12/46, 19____
that I last saw h. er alive on 2/12/46, 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Ulysis Grant

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

7. Birth date of deceased Feb. 27 1868
(Month) (Day) (Year)

Immediate cause of death arteriosclerotic heart disease

Due to _____

Due to _____

Other conditions 93W
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>77</u> | <u>11</u> | <u>14</u> | hr. _____ min. |

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name William H. Goldsmith

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

14. Maiden name Unknown

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

16. (a) Informant William H. Thomas

(b) Address 3440a St. Vincent

17. (a) Burial (b) Date thereof 2/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lerna, Illinois (By Rail)

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)

23. Signature Herbert C. Gutz 2/23/46
1515 Lafayette (City or town) (County) (State)

Address _____ Date signed _____

18. (a) Signature of funeral director Walter Heldebrand

(b) Address 3634 Gravois Ave.

19. (a) FEB 14 1946 (b) _____
(Data received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

6958

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.....

Frank J. [Signature]

Licensed Embalmer No.....

2645

P. O. Address.....

St. Louis, Mo

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.