

#57988

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 6 1946
318

STANDARD CERTIFICATE OF DEATH
1003

State File No. 18422

Registrar's No. 1691

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

1. PLACE OF DEATH:

(a) County _____
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6788 Manchester Avenue
(If rural, give location).
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JACK GOLDEN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased: About 1869
(Month) (Day) (Year)

8. AGE: Years About 77 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation: Laborer

11. Industry or business _____

MOTHER FATHER

12. Name: (Unknown) Golden

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

14. Maiden name: Unknown

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

16. (a) Informant: Nick Jakovac

(b) Address: 6786 Manchester Ave

17. (a) Burial (b) Date thereof: 5-25-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Matthew

18. (a) Signature of funeral director: Wm. E. Magallon

(b) Address: 1926 Allen Avenue

19. (a) MAY 25 1946 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1946 hour 5:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from 5/19/46
to 5/22/46, 19____, to 5/22/46, 19____.
that I last saw him alive on 5/22/46, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Aneurysm Non-Specific.

Due to _____

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)
(c) Means of injury: ①

23. Signature: W. M. J. [Signature] 5/23/46
Address: 2515 Lafayette Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Benny L. Duncan
Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.