

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

#25521
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31031**
Registrar's No. **8072**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days) **Memorial**

In this community _____ (Specify whether years, months or days)

3: (a) PRINT FULL NAME JOHN GOLDEN

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased DEC. 24 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>8</u>	<u>20</u>	hr. min.

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

10. Usual occupation RETIRED DAY LABORER

11. Industry or business _____

12. Name JEREMIAH GOLDEN

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

14. Maiden name MARY GOLDEN
(City, town, or county) (State or foreign country)

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

16. (a) Informant ARTHUR REMAKLU'S

(b) Address 2639 NEBRASKA

17. (a) BURIAL (b) Date thereof SEPT. 15 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Thos. Kuti & Son

(b) Address 2906 GRAVOLS

19. (a) SEP 14 1948 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(If outside city or town limits, write "RURAL")

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th
year 1948 hour 8 minute 45 **A. M.**

21. I hereby certify that I attended the deceased from 9/3/48
_____ 19____ to Sept. 13th 19 48
that I last saw h. im alive on Sept. 13th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Thromboses of skin artery

Due to _____

Due to _____

Other conditions 99
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Duration _____

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? _____

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature Walter Depsko (or other)

Address 1515 Lafayette Date signed 9/19/48

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 Leo J. Budde
Licensed Embalmer No. 3989
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.

S-31031

2028-27