

STANDARD CERTIFICATE OF DEATH

State File No. 0735 Registrar's No. 0735

FILED FEB 14 1952

BIRTH NO. 4159-52 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

I. PLACE OF DEATH a. COUNTY Missouri b. CITY St. Louis c. LENGTH OF STAY 12hrs32mins d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips

3. NAME OF DECEASED a. (First) (Twin # 1) b. (Middle) Goldsby c. (Last) Goldsby 4. DATE OF DEATH (Month) 1 (Day) 6 (Year) 52

5. SEX Fem. 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) () 8. DATE OF BIRTH 1-6-52 9. AGE (In years last birthday) 12 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Robert Goldsby 13b. MOTHER'S MAIDEN NAME Lauri Mae Wells 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Whittier N. Whittier 2601 N.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth ANTECEDENT CAUSES DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 776X

22. I hereby certify that I attended the deceased from 1-6-1952, to 1-6-1952, that I last saw the deceased alive on 1-6-1952, and that death occurred at 1:00p.m., from the causes and on the date stated above.

23a. SIGNATURE W. D. Whittier (Degree or title) M. D. 23b. ADDRESS 2601 N. Whittier 23c. DATE SIGNED 1-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 1-30-52 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 24 1952 J. Callsmith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service 4164 Manchester Ave.

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.