

FILED FEB 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 6206
Registrar's No. 1102

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 1102	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4501 Maryland Ave				d. STREET ADDRESS (If rural, give location) 12 4501 Maryland Ave			
3. NAME OF DECEASED (Type or Print) a. (First) LENA		b. (Middle) GODLOVE		c. (Last) BAER		4. DATE OF DEATH (Month) (Day) (Year) 2 3 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 8, 1891	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Lewis Godlove		13b. MOTHER'S MAIDEN NAME Lillie Isaacs		14. NAME OF HUSBAND OR WIFE Monte Baer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Monte Baer ADDRESS 4501 Maryland Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary occlusion		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Heart Disease				DUE TO (c) 1 year	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21f. HOW DID INJURY OCCUR? 4700	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Jan. 1951 , to February 3, 1952 , that I last saw the deceased alive on Feb. 3, 1952 , and that death occurred at 11:30A. m. , from the causes and on the date stated above.			
23a. SIGNATURE Herman M. Meyer M.D. (Degree or title)		23b. ADDRESS 4409 West Pine		23c. DATE SIGNED Feb. 4, 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 2/5/52		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai		24d. LOCATION (City, town, or county) (State) St. Louis Co.	
DATE REC'D BY LOCAL REG. FEB 4 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Mayer		ADDRESS 4356 Lindell	

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John J. Hines*

Licensed Embalmer No. *4508*

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.