

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22045

 DECEASED JUN 27 1952  
 BIRTH NO. 38691 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5381

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township)		a. STATE Missouri b. COUNTY St Louis	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		d. STREET OR ADDRESS (If rural, give location) 310 So Euclid 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Michael	b. (Middle) Joseph	c. (Last) Golterman	4. DATE OF DEATH (Month) 6 (Day) 11 (Year) 52
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 6/9/52	9. AGE (In years last birthday) XX	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 28 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edward Golterman	13b. MOTHER'S MAIDEN NAME Maria Marcena	14. NAME OF HUSBAND OR WIFE Infant
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. MEDICAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edward Golterman	ADDRESS 310 S. Euclid
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bilateral fetal atelectasis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 7625
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22. I hereby certify that I attended the deceased from 6/9/52, 19\_\_, to 6/11/52, 19\_\_, that I last saw the deceased alive on 6/11/52, 19\_\_, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE M. A. Coranti (Degree or title) M.D.	23b. ADDRESS 453 N. Taylor	23c. DATE SIGNED 6/11/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/13/52	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Mo.
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DATE REC'D BY LOCAL REG. JUN 11 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster, Inc.	ADDRESS 6633 Clayton
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m93 (Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*Ernest W. Spillers*  
Licensed Embalmer No. *4080*

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.