

HELD SEP 13 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30348

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2284

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berkeley City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>1 mo.</u>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn's Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>4440 Taft Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUISE</u> b. (Middle) <u>W.</u> c. (Last) <u>GOLDAMMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31, 1952</u>		
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 19, 1887</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At--HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>Herman harte</u>		13b. MOTHER'S MAIDEN NAME <u>Sophie Eichelmeier</u>		14. NAME OF HUSBAND OR WIFE <u>Bruno R. Goldammer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bruno R. Goldammer, 4440 Taft Ave.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days.</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Cardis - vascular disease</u> DUE TO (c) <u>332X</u> 10 years 1 week 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>1) Parkinson's Syndrome 2) Epidermolysis bullosis</u>			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 27, 1952, to Aug 31, 1952, that I last saw the deceased alive on Aug 30, 1952, and that death occurred at 9:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leves Lillmann MD</u> (Degree or title)		23b. ADDRESS <u>8231 Clayton Rd (17)</u>		23c. DATE SIGNED <u>9/2/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 3, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Our Redeemer</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>9-2-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden F.H., Inc., 1936 St. Louis Ave.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Dr. Lewis E. Pittman  
823, Clayton

PA 0202  
or  
JE 5898

June 3-5 PM

7-8 PM

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 S. Henneke*

Licensed Embalmer No. 4194

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.