

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11156

State File No. ....

FILED APR 4 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 3005

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) ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3508 <sup>th</sup> COZENS		d. STREET ADDRESS (If rural, give location) 21 3508 <sup>th</sup> COZENS	
3. NAME OF DECEASED (Type or Print) a. (First) Goldie		b. (Middle) ALLEN	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 3 18 53	
5. SEX F 3	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12-25-1889
9. AGE (In years last birthday) 63		# UNDER 1 YEAR 2	# UNDER 1 YEAR 2
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) MEMPHIS TENN.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE EDDIE ALLEN			
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 X Eddie Poland		ADDRESS 3508 Cozens	
18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			
*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 DUE TO (b) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
Carotid artery thrombosis			
INTERVAL BETWEEN ONSET AND DEATH			
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 (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:50 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Patrick E Taylor Esq.		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3.19.53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-20-53	
24c. NAME OF CEMETERY OR CREMATORY Oakdale Cem		24d. LOCATION (City, town, or county) St Louis Co. Mo	
25. FUNERAL DIRECTOR'S SIGNATURE J. Carl Smith		ADDRESS 2702 St. ...	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 19 1953			

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 Arthur L. Healland

Licensed Embalmer No. 4224

P. O. Address 4524 Allevine

**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.