No. 300
10-48

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28918

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7547

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis, Mo.
c. LENGTH OF STAY (in this place): 1 Day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Incarnate Word Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:

c. CITY OR TOWN: St.Louis, Missouri
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location): 17 3836 Blaine 2179

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): W.
c. (Last): GOLIGHTLY

4. DATE OF DEATH (Month) (Day) (Year): August 13, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-8-1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Brookport, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thad Golightly
13b. MOTHER'S MAIDEN NAME: Katherine Unk.
14. NAME OF HUSBAND OR WIFE: Adaline

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.: 488-05-4500
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Adaline Golightly, 3836 Blaine, St.Louis, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion & Cardiac

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infarction due to old Cardio
DUE TO (c) Vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral hemorrhage
Carcinoma Head of Pancreas

INTERVAL BETWEEN ONSET AND DEATH: Several months / 1 Day

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Prostatic Obstruction Hydronephrosis
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* Aug 12, 1954, *to* Aug 13, 1954, *that I last saw the deceased alive on* 7 00/7, 1954, *and that death occurred at* 4:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Flynn B.S. M.D.
23b. ADDRESS: 1715 So 39th St Louis 10 Mo
23c. DATE SIGNED: 8-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-16-1954
24c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis County, Missouri

DATE REC'D BY LOCAL REG.: AUG 16 1954
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. G.P.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis 4, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Layman R Cooper

Licensed Embalmer No 3633

P. O. Address 2317 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.