

FILED MAR 31 1955

STANDARD CERTIFICATE OF DEATH

318 PRIMARY REG. DIST. NO. 1003 State File No. 9623 Registrar's No. 1830

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Overland	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.		STREET ADDRESS (If rural, give location) 2227 Dawes Pl. #24X	
3. NAME OF DECEASED (Type or Print) a. (First) Ralph b. (Middle) c. (Last) Golden		4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1955	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 8, 1893	
9. AGE (In years Last birthday) 62		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) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Const.	
11. BIRTHPLACE (City and State or Foreign Country) Texas County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Allen J. Golden		13b. MOTHER'S MAIDEN NAME Eugenia Lowell	
14. NAME OF HUSBAND OR WIFE Bessie Golden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. Nil.	
17. INFORMANT'S SIGNATURE OR NAME Bessie Golden, 2227 Dawes Pl.		ADDRESS	
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 Overland, Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Thrombople emboli in brain</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocardial Damage</i> DUE TO (c) II. 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"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4222			
22. I hereby certify that I attended the deceased from 2-11-55, 1955, to 2-25-55, 1955, that I last saw the deceased alive on 2-25-55, 1955, and that death occurred at 2:00 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>H. Moller M.D.</i>		23b. ADDRESS 3720 Washington	
23c. DATE SIGNED 2/26/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-25-55	
24c. NAME OF CEMETERY OR CREMATORY Anitoch Cemetery		24d. LOCATION (City, town, or county) (State) Hartshorn, Mo.	
DATE REC'D BY LOCAL REG. FEB 26 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington.	

E.P. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
FEB 23 1940

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.....  
Signature of Student Embalmer

Signed *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *Albany*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.