

FILED SEP 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. 30883
7994

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo.	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN BARNHART	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE WORD HOSPITAL		STREET ADDRESS (If rural, give location) P.O. BOX 144	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) GOLOSMITH c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 9 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 26 1895	9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MAINTENANCE INDEPENDENT PACK.	10b. KIND OF BUSINESS OR INDUSTRY MISSOURI	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN GOLOSMITH	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE BESSIE GOLOSMITH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) YES WARI	16. SOCIAL SECURITY NO. 492-09-1757	17. INFORMANT'S SIGNATURE OR NAME BESSIE GOLOSMITH BARNHART M.	ADDRESS BARNHART MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal hemorrhage		MEDICAL CERTIFICATION 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 diverticulosis		
	DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		592.1	

19a. DATE OF OPERATION 9/2/55	19b. MAJOR FINDINGS OF OPERATION Diverticulosis & hemorrhage	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9/2**, 19**55**, to **9/10**, 19**55**, that I last saw the deceased alive on **9/10**, 19**55**, and that death occurred at **5:45 AM.**, from the causes and on the date stated above.

23a. SIGNATURE Ralph Berg	(Degree or title)	23b. ADDRESS 320 3d Grand	23c. DATE SIGNED 9/15/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE SEPT 17 1955	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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DATE REC'D BY LOCAL REG. SEP 12 1955	REGISTRAR'S SIGNATURE Charles Smith Mo	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutes	ADDRESS 2906 Grand
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(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leaf Budde*.....
Licensed Embalmer No. *398*

P. O. Address *St. Louis*.....

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.