

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6521

State File No.

318

1003

1593

Registrar's No.

| | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | REGISTRAR'S NO. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 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>St. Louis, Mo.</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN <u>St. Louis,</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis, City Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>26 1706a N. 14th St. 2269</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>ROBERT</u> | | | | a. (BIRTH) <u>Also known as David N. Goldsmith</u> | | b. (MIDDLE) <u>David</u> | | | |
| c. (LAST) <u>GOLDSMITH</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB, 10, 1956</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Marr led</u> | | 8. DATE OF BIRTH <u>July 8, 1888</u> | | | |
| 9. AGE (In years last birthday) <u>67</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Memphis, Tenn.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Painting</u> | | 11. BIRTHPLACE | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13a. FATHER'S NAME <u>John Goldsmith</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Mooney</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Goldsmith</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY (If yes, give year or dates of service) <u>W. W. # 1 497-01-7060</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Ellen Goldsmith, 1706a N. 14th St</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric Artery Thrombosis</u> <u>Mesenteric artery thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND 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) (Min.) _____ | | | |
| 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 <u>1-26</u> , <u>1956</u> , to <u>2-10</u> , <u>1956</u> , that I last saw the deceased alive on <u>2-10</u> , <u>1956</u> , and that death occurred at <u>1:00p m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>W. B. Averz</u> | | | | 23b. ADDRESS (Degree or title) <u>M.D. 1515 LAFAYETTE AVE</u> | | 23c. DATE SIGNED <u>2-10-56</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-14-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>FEB 14 1956</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington,</u> | | | | | |

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 *John S. Pennington*
Licensed Embalmer No. *419*
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.