

DEATH CERTIFICATE - STANDARD

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

**9700** - **61-038613**  
STATE FILE NUMBER

**FILED OCT 26 1961**

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>                      |  | c. CITY OR TOWN <u>St. Louis</u>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Firmin Desloge Hosp.</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>1815 Lafayette Ave.</u>              |
|   |  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Naomi</u> Middle <u>Iris</u> Last <u>Goldsmith</u> | 4. DATE OF DEATH<br>Month <u>10</u> Day <u>20</u> Year <u>61</u> |
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|                      |                               |   |                                 |                                  |  |  |
|----------------------|-------------------------------|---|---------------------------------|----------------------------------|--|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>3-30-08</u> | 9. AGE (last birthday) <u>53</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|----------------------|-------------------------------|---|---------------------------------|----------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><u>Lake City, Kansas</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
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|---|---|--|
| 13a. FATHER'S NAME<br><u>(Redwine, Charles)</u> | 13b. MOTHER'S MAIDEN NAME<br><u>(Waltz, Mary)</u> | 14. NAME OF HUSBAND OR WIFE<br><u>unk.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Unknown</u> | 16. SOCIAL SECURITY NO.<br><u>_____</u> | 17. INFORMANT<br><u>Charles VanHorn</u> Address <u>8642 Crosby, Gardengrove Cal.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hepatic Coma</u> |                                     | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>hepatic Cirrhosis</u> |                                  |
|   | DUE TO (c) <u>581-1</u>             |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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|---|
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____ |
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|  |  |   |
|--|--|---|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
|--|--|---|

21. I attended the deceased from 10/3/61 to 10/20/61 and last saw her alive on 10/19/61  
Death occurred at 4:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

|   |   |                                     |
|---|---|-------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>F. Stanley Sanford, M.D.</u> | 22b. ADDRESS<br><u>Firmin Desloge Hosp. St. Louis 4, Mo</u> | 22c. DATE SIGNED<br><u>10/20/61</u> |
|---|---|-------------------------------------|

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|---|--------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal Air</u> | 23b. DATE<br><u>10-20-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>City Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Los Angeles County, Cal.</u> |
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| 24. FUNERAL DIRECTOR<br><u>C.R. Lupton &amp; Sons 7233 Delmar Blvd.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>OCT 20 1961</u> | 26. REGISTRAR'S SIGNATURE<br><u>Roan Smith, M.D.</u> |
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STATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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

*Clarence H. Murray*

Licensed Embalmer No. *144*

P. O. Address *St. Louis, Mo.*

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.