

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6997

1. PLACE OF DEATH

County.....St. Louis Mo. Registration District No.....791 File No.....1985
 Township.....W. B. DeWitt Primary Registration District No.....1003 Registered No.....1985
 City.....St. Louis Mo. (No. of 946 W. B. DeWitt) Ward.....

2. FULL NAME

Charles T. Goodenough
 (a) Residence. No. 4602 McMillen Ave. City St. Louis State Mo. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marietta Goodenough

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 9 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inspector Health Dept
 (b) General nature of industry, business, or establishment in which employed (or employer) St. Louis
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

10. NAME OF FATHER George Goodenough

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Mary J. Cork

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Charles T. Goodenough
 (Address) 4602 McMillen Ave.

15. FILED Feb 23 1928 Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
936
9513 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Sclatation
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. W. Kemmer, M.D.

2/21, 1928 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Falshalla Cem. DATE OF BURIAL Feb. 23 1928

20. UNDERTAKER Wheuman-Haral ADDRESS 1905 Union

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDING INK—THIS IS A PERMANENT RECORD

