

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

Do not use this space.

25651

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 11  
 City St. Louis Mo. (No. 2422) St. Sarah St. Registered No. 7468  
 St. Ward)

**2. FULL NAME**

John H. Gody  
 (a) Residence. No. 2422 St. Sarah St. 11 Ward.  
 (Usual place of abode) (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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Married

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

Anna Gody

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

July 24 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

48 | 11 | 23

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Moulder  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Gody

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Anna Gody  
 (Address) 2422 St. Sarah St.

15. FILED 11 20 1928 May C. Tankoff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 - 19 28

17. I HEREBY CERTIFY, That I attended deceased from May 20 1928, to July 17 1928, that I last saw h. Gody alive on July 9 - 7 PM 1928, and that death occurred, on the date stated above, at 7 PM a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Asthma, non Tubercular

112 | 105  
 (duration) yrs. mos. ds.

CONTRIBUTORY Not known  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) H. J. Gunn M. D.  
 July 19, 19 (Address) 400 N. 7th St. St. Louis 9

\*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 Calvary DATE OF BURIAL July 24 - 19 28

20. UNDERTAKER By Leidner Und Co. St. Michael St.  
 ADDRESS 17

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.

