

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis Mo.** (No. **1127**) **St. Ange St.** Ward

File No. **12526**  
 Registered No. **3050**

**2. FULL NAME**

*William (Godat) Godat*

(a) Residence. No. **1127 St. Ange St.** St., **22** Ward, (If nonresident give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred **12** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 **Elizabeth Godat**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 17/1888**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**40 3 21**

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) **Bonna Terre Mo.**  
 (STATE OR COUNTRY)

10. NAME OF FATHER **John Godat**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Libertyville Mo.**  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Fannie Small**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Washington Kansas**  
 (STATE OR COUNTRY)

14. INFORMANT **Fannie Bilderback**  
 (Address) **205 Logg, Mo**

15. FILED **31 1929** **Max C. Starkley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 10 19 29**

17. I HEREBY CERTIFY, That I attended deceased from **Feb 2**, 19**29**, to **Mar 9**, 19**29**  
 that I last saw h. alive on **Mar 9**, 19**29**, and that death occurred, on the date stated above, at **9 A.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**131** *Chronic myocarditis*  
**130** (duration) **2** yrs. mos. da.

CONTRIBUTORY *Ch. interstitial nephritis*  
 (SECONDARY) (duration) **3** yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. Schudeuwel*, M. D.

**3/11, 1929** (Address) **1801a Cliditeau**

\*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

**Desloge Mo**

DATE OF BURIAL

**3-12 19 29**

20. UNDERTAKER

**Boyer Und. Co.**

ADDRESS

**Desloge Mo**

*Dr. J. Schudeuwel*

