

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

Do not use this space.

16015

1. PLACE OF DEATH

County..... Registration District No. 781
 Township..... Primary Registration District No. 1008
 City St. Louis (No. 4949 W. Pine Blvd.) St. 19 Ward)

File No.
 Registered No. 4089
 St. Ward)

2. FULL NAME

George Hill Goddard
 (a) Residence. No. 4949 W. Pine Blvd. 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 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 Name Lucas Goddard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16 - 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 3 17

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Grocer
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

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

10. NAME OF FATHER Geo. Henry Goddard

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

12. MAIDEN NAME OF MOTHER Name Hill

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

14. INFORMANT E. M. Johnson
 (Address) 4th & Washington

15. FILED May 19 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1929

17. I HEREBY CERTIFY, That I attended deceased from February 11, 1929, to April 3, 1929.
 That I last saw him alive on April 3, 1929, and that death occurred, on the date stated above, at 10:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

33A
1131 (duration) ? yrs. mos. ds.

CONTRIBUTORY Chronic nephritis
 (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Thomas C. Bondrae, M. D.

Apr 4, 1929 (Address) 4660 Maryland Ave

*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 Bellefontaine DATE OF BURIAL 4-5 1929

20. UNDERTAKER Wayover ADDRESS 3621 Olive

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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 22
 22
 22

3-5 Penn
4660 Penn of Penn
Dinobirds