

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

Do not use this space.

38247

1. PLACE OF DEATH

County St. Louis
Township Snyhomme
City Valley Park (No.)

Registration District No. 785
Primary Registration District No. 6031

File No.
Registered No. 185
St. Ward)

2. FULL NAME

Chas. A. Godfrey
(a) Residence. No. 619 West Ave. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Laura A. Godfrey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 10 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	39	0	12	

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

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

10. NAME OF FATHER John Godfrey

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

12. MAIDEN NAME OF MOTHER Jennie Price

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

14. INFORMANT (Address) Laura Godfrey
Valley Park Mo

15. FILED 12/9 1929 E. E. Barnett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 22 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-14, 1929, to 11-22, 1929, that I last saw him alive on 11-22, 1929, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY) Myocarditis (duration) yrs. mos. 9 ds.
10 (duration) yrs. mos. 2 ds.

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

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF ...

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS (Signed) F. P. Shubb, M. D.

11-23, 1929 (Address) Valley Park Mo

*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 Oak Hill Cemetery DATE OF BURIAL Nov. 26 1929

20. UNDERTAKER Louis H Bopp ADDRESS Kirkwood Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state whether or not the deceased was carefully supplied. 158

