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

Do not use this space.

2872

File No. 317
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis (No. 4619 Delor St. St. Ward)
Registration District No. 791
Primary Registration District No. 1713

2. FULL NAME Howard C. Goodwin

(a) Residence. No. 4619 Delor St. St., 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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 Gladys Goodwin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4, 1898

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
31	11	5	

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

9. BIRTHPLACE (CITY OR TOWN) Medora
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Marvin H. Goodwin
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Nora Palmer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

14. INFORMANT Mrs Gladys Goodwin
(Address) 4619 Delor St.

15. FILED JAN 10 1930 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 18 1929, to Jan 9 1930, that I last saw h. alive on Jan 9 1930, and that death occurred, on the date stated above, at 8 A m.

194B THE CAUSE OF DEATH* WAS AS FOLLOWS:
36 General Infection due to infected foot from bumping his big toe
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Infected foot due to
Septicemia (duration) Acute Staphylococcus in blood stream ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Yes
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 1 30
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS Physical findings
(Signed) [illegible] M. D.
1-9, 1930 (Address) 3626 Sou Park

*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	DATE OF BURIAL
Bethany Cemetery	Jan 11 1930
20. UNDERTAKER Kriegshauser Bros	ADDRESS 4228 S. King Highway

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.

Staphylococcus