

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

Do not use this space.

41687

1. PLACE OF DEATH

County Registration District No. 700
 Township Primary Registration District No. 10
 City St. Louis (No. Missouri Pacific Hospital) St. 10733 Ward)

2. FULL NAME

(a) Residence, No. 5328 Mandel Ave., 14 Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Erina Godron</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 13th 1873</u>				
7. AGE	YEARS <u>59</u>	MONTHS <u>0</u>	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Car accountant</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Amer. Refig. Transport</u>			
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... <u>2 1/2</u>			
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>			
	13. NAME <u>Adalbert Godron</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Bertha Padgen</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	17. INFORMANT (ADDRESS) <u>Emma Godron 5328 Mandel Ave.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Bur. Park</u> DATE <u>12-5-</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>Witt Bros. S. & N. Co. 2929 So. Jefferson Ave.</u>				
20. FILED <u>DEC - 7 1932</u> <u>Missouri Pacific Hospital</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-1-32 to 12-2-32

I last saw him alive on 12-2-1932 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, Chr.
Pulmonary tuberculosis

Other contributory causes of importance:
2 B 1

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) R. W. Roal M. D.
Mo. Pacific Hospital

PRINTED 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.

