

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.

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

Do not use this space.

781  
10061

3568

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City *St. Louis Mo* No. *City Hospital*

File No. ....  
Registered No. *497*  
St. .... Ward)

2. FULL NAME

(a) Residence, No. *1725 St. 3rd* St. *23* Ward.

(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) *child*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 22-1930*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*2 9 22*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *181*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

13. NAME *John Goforth Sr.*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

15. MAIDEN NAME *Anna Kaden*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT *Mr. John Goforth* (ADDRESS) *1725 S. 3rd St.*

18. BURIAL CREMATION, OR REMOVAL PLACE *St. Matthews Gr.* DATE *Jan 14 1933*

19. UNDERTAKER (ADDRESS) *J. Schmor 3125 Lafayette Ave*

20. FILED *JAN 14 1933* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *January 13 1933*

22. I HEREBY CERTIFY, that I attended deceased from *No Physician in Attendance* 19... to 19...

I last saw h..... alive on....., 19... Death is said to have occurred on the date stated above, at *6* A.M.

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

*Shock + Burns*  
*1st + 2nd Degree caused by flames from Gasoline which exploded from Gas Lamp at Reikiama*  
Other contributory causes of importance  
*No Burning Building Accident*

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? *Accident* Date of injury *1-7-33*

Where did injury occur? *St. Louis Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

*Home*

Manner of injury *Gasoline explosion*

Nature of injury *1st + 2nd Degree Burns*

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) *J. W. Corner* M. D.

(Address) *114 1/2 W. 3rd St. St. Louis*

