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.

MAR 24 1934

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

Do not use this space.

7190

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2073

City St Louis (No. City Hospital #1 St. ..... Ward)

2. FULL NAME Norman Godier

(a) Residence, No. Unknown St., ... 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 - 1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
29	5	5	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. White Way Show

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

FATHER

13. NAME Henry Godier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Minnie Matterns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo

17. INFORMANT (ADDRESS) Minnie Godier 4450 S Broadway

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Mar - 34 19

19. UNDERTAKER (ADDRESS) Wacker Helderle 2331 S Broadway

20. FILED FEB 28 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 45 p.

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

173

Date of onset

Gunshot Wounds of Lung bullets fires from guns in hands of Police Officers in the performance of their duties in [illegible] Justifiable Homicide

Other contributory causes of importance

173

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Hom Date of injury 2/26, 1934

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. In Home

Manner of injury Shot by Police Officers

Nature of injury Gunshot Wounds of Lung

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] Sweeney, M.D.

(Address) Deputy Coroner

2/28/34