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.

FEB 21 1935

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

Do not use this space.

791

3392

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 695

City St Louis (No. 3400, So Grand St. ..... Ward)

2. FULL NAME William A. Goodwin

(a) Residence, No. 7252 Normandy Pl. St., NR Ward. St Louis Co Mo
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary E. Goodwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 3, 1849

7. AGE: YEARS 85 | MONTHS 8 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
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): Farrenton, Pennsylvania

FATHER

13. NAME: Horrace Goodwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Connecticut

MOTHER

15. MAIDEN NAME: Ruth J. Negley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Pennsylvania

17. INFORMANT (ADDRESS): Mr. Geo. Goodwin 7252 Normandy Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE Jan. 19, 1935

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton Ave.

20. FILED JAN 18 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Jan 18, 1935
I last saw him alive on Jan 19, 1935. 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:

	Date of onset
Mitral Insufficiency	1/1/35
Other contributory causes of importance: Arthritis Sclerosis	1/1/35

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) Fred W Bovia, M. D.
(Address) 3165 So Grand

3165
3199 St. Grand
Dr Felix Garcia