To go to coroner for okeh.

APR 25 1936

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

Do not use this space.

12328

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6037 — Registered No. 106
City (No. St. Louis County Hospital St. Ward)

2. FULL NAME Gooden, Nora
(a) Residence, No. 828 N. Elizabeth St., Ferguson, 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown Gooden
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26th 1913
7. AGE YEARS 23 MONTHS 2 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper.
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) Marthasville Mo.

FATHER
13. NAME Frank Suhre
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marthasville Mo.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mr. Frank Suhre Wentzville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Marthasville Mo. DATE April 3rd 1936
19. UNDERTAKER (ADDRESS) Albert H. Hoffe Inc. 829 North Eighth Ave.
20. FILED 3-31- 1936 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/31/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/30, 1936, to 3/31/36, 19
I last saw her alive on 3/31/36, 19 Death is said to have occurred on the date stated above, at 4:00 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia, Lobar. Bilateral
Type VII
both lower lobes.

Other contributory causes of importance:

OVER

Name of operation Date of
What test confirmed diagnosis? cli Was there an autopsy? no

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) Frank H. Robinson, M. D.
(Address) St. Louis Co. Hosp. Clayton, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

H. Robinson

Sec:
Generalized toxemia, with acute dilatation of the right heart due to blockage of the pulmonary circulation, caused by massive amount of involvement thruout pulmonary area and extreme toxemia caused acute myocarditis.

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