

JUL 14 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 3505a Connecticut)

24600

File No.....
Registered No. **6221**
St. Ward)

2. FULL NAME

Luella Goodin
(a) Residence, No. 3505a Connecticut, 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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*) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 6 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Benton, Ill.

13. NAME Joshua B. Payne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Mary Nooner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton, Ill.

17. INFORMANT Mrs. Betande Ballou
(ADDRESS) St. Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE East St. Louis, Ill. DATE June 19, 1936

19. UNDERTAKER Charles Kurum
(ADDRESS) East St. Louis, Ill.

20. FILED 18 1936 19 J. F. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1936
22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936 to June 16, 1936
I last saw her alive on June 16, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Endo Carditis 1935?
Cerebral Embolism April 1936
Other contributory causes of importance: 920
Hypostatic Congestion June 15
Lump

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) Adam G. Gagnier, M. D.
(Address) 5439 Gravois

WHITE 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.

Dr. A Youngman
5439 Gravois
Ri. 1340

8-1 1:24

0-6