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.

32747

SEP 15 19 3

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Missouri (No. City Hospital No.1 St. ..... Ward)

B. 2303

File No. .....

Registered No. 8623

2. FULL NAME George Godron

(a) Residence, No. 3514 Sidney 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Eleanor Godron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 30, 1873

7. AGE: 62 YEARS, MONTHS: 10, DAYS: 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Germany

FATHER

13. NAME: Adalbert Godron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Bertha Ranger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Old St. Marcus DATE: Aug. 20, 1936

19. UNDERTAKER (ADDRESS): A. W. McLaughlin 2301 Lafayette

20. FILED: AUG 19 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/18.36, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/15/36, 19..., to 8/18/36, 19...

I last saw him alive on 8/18/36, 19... Death is said to have occurred on the date stated above, at 11.40 p

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

Date of onset

Carcinoma of Lung

Other contributory causes of importance:

metastasis to liver

Name of operation: none 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? ..... 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) [signature], M. D.

(Address) City Hospital No.1