APR 8 1937

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 File No. 10751

Township ..... Primary Registration District No. 1003 Registered No. 3325

City St. Louis (No. St Mary's Infirmary St. ..... Ward)

2. FULL NAME Stillborn Goodwin

(a) Residence, No. 2206 Carr St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Colored	Stillborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 3 - 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME William Goodwin

14. BIRTHPLACE (CITY OR TOWN) Pine Bluff (STATE OR COUNTRY) Arkansas

MOTHER

15. MAIDEN NAME Doris Davis

16. BIRTHPLACE (CITY OR TOWN) Malvern (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) St. Mary's Infirmary 1536 Papin

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 3/26/37 19

19. UNDERTAKER (ADDRESS) Ira Hamilton City Health Dept

20. FILED MAR 25 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 3 - 1937

22. I HEREBY CERTIFY, That I attended ~~deceased from~~ the delivery of stillborn, 19..... ~~I last saw him alive on~~ March 3 - 1937 ~~Death~~ is said to have occurred on the date stated above, at 2:00 p.m.

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

	Date of onset
Unknown	
Stillborn	

Other contributory causes of importance:

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) U. N. Boss, M. D.

(Address) St Mary's Infirmary

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.