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.

APR 27 1937

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

Do not use this space.

File No. 13594
Registered No. 49

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123
Township Carondelet — Primary Registration District No. 62483
City Jefferson Barracks (No. Veterans Facility St. Ward)

2. FULL NAME Edmund CGODAR

(a) Residence, No. ..... St., ... Ward. Hardin, Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred unyrs. knomos. wnds. How long in U. S., if of foreign birth? unyrs. knomos. wnds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Cora Godar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40	6	19	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Government

10. Date deceased last worked at this occupation (month and year) 1 week ago — 11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Illinois

FATHER

13. NAME Louis Godar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable Switzerland

MOTHER

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun County Illinois

17. INFORMANT M. Schilling
(ADDRESS) Clinical Clerk, Jefferson Barracks

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jerseyville, Ill DATE 2-2-37, 19

19. UNDERTAKER C. Hoffmeister U.&L.CO.
(ADDRESS) 7814 S. Broadway

20. FILED 2-2, 1937 G Mowry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1, 19 37

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1937, to February 1, 1937
I last saw him alive on February 1, 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus (History of accidental injury middle finger right hand and lower back, occurring six weeks prior to admission)	unkwn

Other contributory causes of importance:

Pneumonia, Bronchial	unkwn

Name of operation none — Date of
What test confirmed diagnosis? phy.exam.clin.manifestations laboratory — 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) C. W. HUGHES, Chief Medical Officer. M. D.
(Address) Jefferson Barracks, Mo.

APR 29 1957