MAY 7 1937

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

SUPPLEMENTARY

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 14419

Township ..... Primary Registration District No. 1003 Registered No. 3915

City St. Louis, Mo. (No. City Infirmary St. ..... Ward)

2. FULL NAME Horace Goodwin.

(a) Residence, No. City Infirmary, (Usual place of abode) 5800 Arsenal St. St., 13 Ward. (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: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1844 ? ?

7. AGE: 1844 YEARS: 92 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. Hod carrier.

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

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

FATHER

13. NAME Littleton Goodwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia.

MOTHER

15. MAIDEN NAME Cassie ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) E. Molony, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE April 13 1937

19. UNDERTAKER (ADDRESS) C. Young 4400 Kennedy av.

20. FILED APR 13 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1932, to April 8, 1937, 19..... I last saw him alive on April 8, 1937, 19..... Death is said to have occurred on the date stated above, at 2:25 m. A.M.

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

	Date of onset
CHRONIC MYOCARDITIS	

Other contributory causes of importance:

ARTERIOSCLEROSIS, GENERALIZED

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) L. G. Pray, M. D.

(Address) 5600 Arsenal

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.