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

JUL 8 - 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22068

Township ..... Primary Registration District No. 1003 Registered No. 5820

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

C 3036

2. FULL NAME Martha Franees Goodrich

(a) Residence, No. 5596 Page St., 5 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 female

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 Robert H. Goodrich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26, 1857

7. AGE 380 YEARS 79 MONTHS 5 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hwk 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) Kentucky Fayette Co.

FATHER

13. NAME Lackey

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

MOTHER

15. MAIDEN NAME Frances Maddux

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

17. INFORMANT (ADDRESS) Hosp. Info. M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem DATE June 14, 1937

19. UNDERTAKER (ADDRESS) Shepard Funeral Home 1167 Hamilton Avenue

20. FILED JUN 14 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/12/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1937, to 6-12, 1937

I last saw her alive on 6-12, 1937 Death is said to have occurred on the date stated above, at 7 53 m.

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

Arterio-sclerotic heart disease
Generalized Arterio-Sclerosis

Date of onset

Other contributory causes of importance:

Sangrene Rt foot & leg.

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? No

If so, specify .....

(Signed) Albert H. Krause M. D.

(Address) 1515 Lafayette St. Louis

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22 22