

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

Do not use this space.

SEP 10 1937

1. PLACE OF DEATH

County.....
 Township.....
 City **St. Louis, Mo.**

Registration District No. **791**
 Primary Registration District No. **1003**
 (No. **500 So. Kingshighway**)

File No. **28726**
 Registered No. **7359**
 Ward.....

2. FULL NAME **Gregory Gooden**

(a) Residence, No. **4316 a Maryland** St., **19** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred **Life** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Amer.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/8/37		
7. AGE YEARS	MONTHS	DAYS
		26
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.....	Child
	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, Mo.**
 (STATE OR COUNTRY)

13. NAME **Alfred Gooden**
 14. BIRTHPLACE (CITY OR TOWN) **Ill.**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Grace Schrupp**
 16. BIRTHPLACE (CITY OR TOWN) **Mo.**
 (STATE OR COUNTRY)

17. INFORMANT **C. Schroeder**
 (ADDRESS) **500 So. Kingshighway**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary Cent.** DATE **8-4-37** 19

19. UNDERTAKER **Arthur J. Donnelly**
 (ADDRESS) **3840 N. 1st St.**

20. FILED **AUG 3 - 1937** **J. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/3/37**, 19.....
 22. I HEREBY CERTIFY, That I attended deceased from **7/27/37**, 19....., to **8/3/37**, 19.....
 I last saw him alive on **8/3/37**, 19..... Death is said to have occurred on the date stated above, at **6:45a.m.**
 The principal cause of death and related causes of importance were as follows:

Prematurity

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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) **E. L. Copan, Jr.**, M. D.
 (Address) **1500 S. Kingshighway**

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.

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