

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.

SEP 10 1937

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

Do not use this space.  
28788

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City St. Louis (No. City Hospital # 1)

File No. ....  
Registered No. 7421  
St. .... Ward .....

2. FULL NAME Frank Goodin

(a) Residence, No. 3719 Junata St., 16 Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10th, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>22</u>	<u>06</u>	<u>11</u>	<u>24</u>	

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid For 2 Years  
9. Industry or business in which work was done, as mill, saw mill, bank, etc. Formerly Clothing Salesman  
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) Missouri

FATHER  
13. NAME Frank Goodin

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

MOTHER  
15. MAIDEN NAME Jennie Hall

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

17. INFORMANT (ADDRESS) Hosp. Infa. M. Kent  
City Hospital

18. BURIAL (CREMATION, OR REMOVAL) PLACE Charleston, Mo. DATE August 7th, 37

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc.  
429 N. Euclid Avenue

20. FILE AUG 5 1937 J. J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/26, 1937, to 8/4, 1937.  
I last saw h. i. m. alive on 8/4, 1937. Death is said to have occurred on the date stated above, at 2:30 P. m.

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

Pulmonary Tuberculosis  
Arteriosclerosis, general  
Date of onset

Other contributory causes of importance: J. B.

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

What test confirmed diagnosis? ..... 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 1

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify Chas. Farrington, M. D.

(Address) City Hospital, St. Louis

1950-1951

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1950-1951

1950-1951

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1950-1951