

NOV 15 1937

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

36329
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **21003**
(c) City **St. Louis** (d) Street No. **5937 Cates Ave.** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **James R. Goodenough**

(a) Residence, No. **5937 Cates Ave.** St. **5**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Mary V. Goodenough**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 30th, 1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 25

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. **Real Estate**9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**

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) **England**

13. NAME **George Goodenough**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

15. MAIDEN NAME **Mary J. Cork**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT (ADDRESS) **Mary Budd**
5937 Cates Ave.

18. BURIAL, CREMATION, OR REMOVAL **Mt. Lebanon Cem.** DATE **Oct. 27th, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Archman Handel**
1905 Union Blvd.

20. FILED **Oct 25 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 25th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 10 1937** to **Oct 25 1937**
I last saw him alive on **Oct 24 1937** Death is said to have occurred on the date stated above, at **7:10 A.M.**
The principal cause of death and related causes of importance were as follows:

Diabetes MellitusDate of onset
1925

Other contributory causes of importance:

Arteriosclerosis**1925**

Name of operation..... Date of.....
What test confirmed diagnosis? **Blood + Urine for Sugar**

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) **M. J. Jones** M. D.(Address) **4500 Olive St.**

2-4
(5/89 Registered)
Jonathan H. Kelly

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Robert M. Sanford

Licensed Embalmer No.

2273

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)