

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**

**FEB 12 1938**

Do not use this space. **266**

1. PLACE OF DEATH

(a) County ..... Registration District No. ....

(b) Township ..... Primary Registration District No. .... Registered No. **122**

(c) City **St. Louis, Mo.** (d) Street No. **4335 McRee 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 **Richard Goade 300**

(a) Residence, No. **4335 McRee Ave.** St. **18** (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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Susan Goade**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 30, 1861**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<b>76</b>	<b>9</b>	<b>1</b>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Ass't Engineer**

9. Industry or business in which work was done, as saw mill, bank, etc. **Liggett & Meyer**

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 **Booker Goade**

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

MOTHER

15. MAIDEN NAME **Mickie Stafford**

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

17. INFORMANT **Susan Goade**  
 (ADDRESS) **4335 McRee Ave.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Salon, Mo** DATE **1/5/38**

19. FUNERAL DIRECTOR **Edith E. Ambrose**  
 (ADDRESS) **4234 Manchester Ave.**

20. FILED **JAN 4 1938** **J. Fredrick**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 1, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 27**, 19**37**, to **Jan 1**, 19**38**

I last saw him alive on **Jan 1**, 19**38**. Death is said to have occurred on the date stated above, at **8:20 P.** m.

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

**Acute Myocarditis**  
**by the attack**  
**Ch. myocarditis**  
**Arteriosclerosis**

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 **W. Antone Hall** (Signed) **W. Antone Hall**, M. D.  
 (Address) **1125 Tower Grove Ave**

**STATEMENT BY LICENSED EMBALMER**

I, Florenz Eynck....., Licensed Embalmer No. 1284

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

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Florenz Eynck

Licensed Embalmer No. 1284

**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.)**