

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

1144
 Do not use this space.

1938

791
 1003

Registered No. **1000**

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, Mo. (d) Street No. 605 Clara 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 Hattie B. Gooding 652,

(a) Residence, No. 605 Clara Ave., St. 5 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
61 6 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pub. Agent
 9. Industry or business in which work was done, as saw mill, bank, etc. Self.
 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) St. Paul Minn.

FATHER 13. NAME Charles J. Gooding

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Catherine Mengies

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Ill.

17. INFORMANT (ADDRESS) Grace Gooding 605 Clara Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Park Lawn DATE 1/27/38

19. FUNERAL DIRECTOR (ADDRESS) Edith E. Embrey 4234 Manchester

20. FILED J. Bredbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/26/38 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1937 to Jan 25 1938
 I last saw h. or alive on Jan 25 1938 Death is said to have occurred on the date stated above, at 9.30 A. M.

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

Carcinoma of breast Date of onset 2 yrs

Other contributory causes of importance: Carcinoma Intestines (small) 6 mo.

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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 Yes
 (Signed) R. J. Lamb M.D. M. D.
 (Address) 6651 Enright Ave

JAN 27 1938

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.

In Eynck
6610-0051

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.....
working under my personal supervision.

..... Registered Apprentice No.....

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.)