

8 1938

RECD OCT 6 1938

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

33230

Do not use this space.

1. PLACE OF DEATH St. Louis
 (a) County Clayton Registration District No. 784
 (b) Township Clayton Primary Registration District No. 101 Registered No. 1473
 (c) City Clayton (d) Street No. St. Louis County Hospital 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 Shirley Jean Goode 360
 (a) Residence, No. Vigus, Mo. St. (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) 9/2/37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 0 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Creve Coeur
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME Ernest Goode

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

MOTHER 15. MAIDEN NAME Exendine, ?

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

17. INFORMANT father, Ernest Goode
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE FeeFee Cem. DATE 9/9/38

19. FUNERAL DIRECTOR Bauman Bros.
 (ADDRESS) Overland, Mo.

20. FILED SEP 8 1938 W. R. Meyer, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/6/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/24/38 to 9/6/38, 19
 I last saw h. er alive on 9/6/38, 19. Death is said to have occurred on the date stated above, at 2.25 P.M.

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

Non-specific Diarrhea

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 L. M. Crowley, M. D.
 (Signed) St. Louis County Hosp.

(Address) St. Louis County Hosp.

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.

STATEMENT BY LICENSED EMBALMER

I, Earl S. Hillerman, Licensed Embalmer No. 3501

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 Earl S. Hillerman

Licensed Embalmer No. 3501

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.)