

DEC 11 1938

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

41037

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Missouri** (d) Street No. **City Sanitarium** St. **10729**
(e) Length of residence in city or town where death occurred **7** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Nannie Goodson,
(a) Residence, No. **1520 Hebert St** St. **26** (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) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **George Goodson**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 4 - 1862**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 76 2 1
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. **Nil**
10. Date deceased last worked at this occupation (month and year) **Unknown** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
Kentucky

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

15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
Unknown

17. INFORMANT (ADDRESS) **A.K. Busch, M.D.**
City Sanitarium

18. BURIAL, CREMATION, OR REMOVAL PLACE **ST. MATTHEWS** DATE **Dec 14, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **E. J. Schmir**
3125 Lafayette av

20. FILED **13 1938** 19 **1938**
J. B. Bledsoe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-12-38**, 19.....
22. I HEREBY CERTIFY, That I attended deceased from **7-1-38**, 19....., to **12-12-38**, 19.....
I last saw her alive on **12-12-38**, 19..... Death is said to have occurred on the date stated above, at **2:10 P.M.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with Myocardial Degeneration
7-1-38x

Date of onset

Other contributory causes of importance:
Senility 7-1-38x

Name of operation Date of
What test confirmed diagnosis? 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
(Signed) **A. K. Busch**, M. D.
(Address) **City Sanitarium**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *jos. B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette ave.*

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.)

If this body is not embalmed, above space should be left blank.