

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

652
Do not use this space.

REC'D FEB 10 1939

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **652**
 (c) City **Saint Louis, Missouri** (d) Street No. **4472 Gannett**.
 (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 Goodrich
 (a) Residence, No. **4472 Gannett** St. **15**
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Abner Goodrich**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 30th, 1868.**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 6 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
 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) (STATE OR COUNTRY) **Wisconsin**

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

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

17. INFORMANT **Charles Miller**
 (ADDRESS) **4472 Gannett Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cemetery** DATE **Jan. 23rd, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Zigankin Bros - 2823 Cherokee Street.**

20. FILED **JAN 21 1939** **J. D. Bruch** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 19th, 1939.**
 22. I HEREBY CERTIFY, That I attended deceased from **January 17, 1939, to January 19, 1939**
 I last saw him alive on **January 18, 1939** Death is said to have occurred on the date stated above, at **5:30 A.M.**

The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset **1-17-39**
Arterio Sclerosis
 Other contributory causes of importance: **?**

Name of operation **None** Date of.....
 What test confirmed diagnosis? **Usual** 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? **No**
 If so, specify **William Baron**, M.D.
 (Signed) **William Baron**
 (Address) **3601 S Jefferson**

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

Vearl E. Morris.

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

V E Morris

Licensed Embalmer No.....

3360

P. O. Address.....

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.