

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

791  
1003

4834  
Do not use this space.

1939 MAR 13 1939

**1. PLACE OF DEATH**

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No. **1527**  
 (c) or City..... (d) Street No. **ST. JOHN'S 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** **FRANK M. GOODHART**

(a) Residence, No. **2228 ST. LOUIS AVE** St. **20** (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 **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 **MARGARET GOODHART**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JAN. 13, 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**69 1 1**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **FUNERAL DIRECTOR**  
 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) **ST. LOUIS, MO.**

FATHER 13. NAME **FRANK GOODHART**

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

MOTHER 15. MAIDEN NAME **ELIZABETH CULLIGAN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **NEW ORLEANS LA.**

17. INFORMANT (ADDRESS) **MARGARET GOODHART 2228 ST. LOUIS AVE**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEMETERY** DATE **FEB. 18, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Goodhart Goodhart 2228 St Louis Ave**

20. FILED **FEB 16 1939** **J. B. Budick** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 14**, 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 30**, 19**39**, to **Feb 14**, 19**39**.  
 I last saw him alive on **Feb 14**, 19**39** Death is said to have occurred on the date stated above, at **8:45 p.** m.  
 The principal cause of death and related causes of importance were as follows:

*Peroneal Nephritis  
Myocarditis*

Date of onset  
**Dec. 30  
1930**

Other contributory causes of importance:

*Diabetes Mellitus*

Name of operation **none** 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? **no**  
 If so, specify \_\_\_\_\_  
 (Signed) **W. R. King**, M. D.  
 (Address) **2249 St. Louis Ave**

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~~ or by.....

*Guy W. Melkenson*

Registered Apprentice No. *3575*

working under my personal supervision.

Signed *Harold Goodhart*

Licensed Embalmer No. *5777*

P. O. Address *St Louis Mo*

**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.**