

FEB 13 1939 REGD MAR 9 1939

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

7797  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 284  
(b) Township Pasadena Hills Primary Registration District No. 200  
(c) City Pasadena Hills (d) Street No. 7312 Huntington Drive, Pasadena, Hill  
(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

Catherine Goodwin,  
(a) Residence, No. 7312 Huntington Drive. St.   
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1858

7. AGE YEARS 80 MONTHS 7 DAYS 8 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
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) Ireland

FATHER 13. NAME James Nagle

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

MOTHER 15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Mr. James Goodwin  
7312 Huntington Drive.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clavary Cem DATE Febry 13th 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sty. Reider, Mad. Co.  
1417 N. Grand St.

20. FILED FEB 13 1939 R. K. Meyer, M.D.  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939 to Feb 10, 1939  
I last saw him alive on Wed Feb 8, 1939. Death is said to have occurred on the date stated above, at ..... m.

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

Coronary Occlusion Date of onset 50ks  
Arteriosclerotic  
Heart Disease years

Other contributory causes of importance:

Sen. Arteriosclerosis

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? no  
If so, specify .....  
(Signed) R. K. Meyer, M. D.  
(Address) 601 Univ. Center Bldg

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.

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**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.....

*John P. Buchholz*  
Licensed Embalmer No. *16740*

P. O. Address *2253 St Louis A*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

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