

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

24023

6296

Registration District No.

1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County St Louis
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Alexian Bros. Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month
 (Specify whether

In this community
years, months or days)3. (a) PRINT FULL NAME John Goodman8. (b) If veteran, name war. 3. (c) Social Security No. 3554. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive. _____ years7. Birth date of deceased. Unknown
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
abt 74 hr. min.9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)10. Usual occupation Farmer 9

11. Industry or business 9

12. Name Unknown 9

13. Birthplace " " (City, town, or county) (State or foreign country)

14. Maiden name " " (City, town, or county) (State or foreign country)
15. Birthplace " " (City, town, or county) (State or foreign country)16. (a) Informant's own signature Sue Goodman(b) Address Festus mo R.R.17. (a) Rural (b) Date thereof 7-17-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Festus mo18. (a) Signature of funeral director Fink and Co.(b) Address Festus mo19. (a) Jul 17 1939 (b) J.F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Jefferson
 (c) City or town Festus R.R. WR
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1939 hour 7 minute 40 A. M.21. I hereby certify that I attended the deceased from June 17
1939 to 7/16/39, 19____;
that I last saw him alive on 7/15/39, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Sepsis

Duration

1 monthDue to hyperplastic prostate 2 yearsDue to noneOther conditions none
(Include pregnancy within 3 months of death)Major findings: Hyperplastic ProstateOf operations ProstatectomyOf autopsy Prostatectomy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury? _____

23. Signature B. Postman (M. D. or other)Address 3532 E. Iowa Court Date signed 7/16/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
U.S. GPO

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 Eleus Prouse

Licensed Embalmer No. 3403

P. O. Address Festus, 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.