

NOV 13 1939 791

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

8687

1. PLACE OF DEATH: 1000 2

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4208 Fair Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community 4208 Fair Ave  
 years, months or days)

3. (a) PRINT FULL NAME Isabelle Borothy Goodrich 3623. (b) If veteran, name war: \*\*\*\*\* 3. (c) Social Security No. \*\*\*\*\*4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife John A. Goodrich 6. (c) Age of husband or wife if alive 62 years7. Birth date of deceased June 21 1879  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
60 3 19 hr. min.9. Birthplace Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Adolph VonLoeben 613. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Anna Westring  
(City, town, or county) (State or foreign country)15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature John A. Goodrich(b) Address 4208 Fair Ave17. (a) Burial (b) Date thereof Oct 13 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Petz Brothers(b) Address 3029 Lafayette Ave19. (a) OCT 11 1939 (b) J. D. [Signature]  
(Date received local registrar) (Signature of registrar)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
 (c) City or town St. Louis 10  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4208 Fair Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th  
year 1939 hour 11:30 minute A. M.21. I hereby certify that I attended the deceased from Sept 26  
1939 to Oct 9, 1939  
that I last saw her alive on Oct 9, 1939  
and that death occurred on the date and hour stated above.Immediate cause of death Cancer of uterus with metastases to abdomen  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Cancer of uterus at autopsy - early operation  
Of operations \_\_\_\_\_

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. H. Killeen (M. D. or other) 1  
Address 3121 S. Grand Date signed 10/11/39

3121 N. Grand Blvd.,  
Fr 1244

**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 Reano J Owen

Licensed Embalmer No. 2245

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.**