

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 9139  
Registrar's No. 2622

Registration District No. 791

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

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

1. PLACE OF DEATH:

(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:  
Home of Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 hrs  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME William Goodin

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mollie Goodin 6. (c) Age of husband or wife if alive 11 1/2 years

7. Birth date of deceased Dec 25 1870  
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) MO

10. Usual occupation Laborer

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

MOTHER FATHER { 12. Name Geo. Goodin  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) MO  
14. Maiden name Alice Alexander  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) MO

16. (a) Informant Cora White  
(b) Address Chicago, Ill

17. (a) Burial (b) Date thereof 3/22/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director W M McDowell  
(b) Address 3806 Franklin Ave

19. (a) MAR 20 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town St. Louis 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1347 N. Elliott Ave  
(If rural, give location)  
(e) \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17  
year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Hypertrophy  
Chronic Bright's Nephritis  
Arteriosclerosis

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

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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) (b) Means of injury 5

23. Signature Joseph M. L...  
Address Deputy Coroner Date signed 3/24/40

**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.....

William C. McDowell, Registered Apprentice No.....  
working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No. 2114

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.**