DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.: 9308

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2791

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: 4918 Arlington 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 4918 Arlington
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ida Godejohn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frederick W. Godejohn

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar. (Month) 2 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	0	21	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name J. F. Lindhorst
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Minnie Meyer
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Elmer Godejohn
(b) Address 4918 Arlington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) MAR 26 1940 (Date received local registrar) (b) J F Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 23 year 1940 hour 7 minute 31 P.M.

21. I hereby certify that I attended the deceased from May 18, 1934, to Mar 23, 1940 that I last saw him alive on Mar 23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Throm	4 hrs.
Due to Chr. Myocarditis	10 yrs
Chr. Nephritis	"
Due to Hyperlension	"
Other conditions Varicose ulcers (Include pregnancy within 3 months of death)	"
Gangrene left arm	6 days

Major findings:
Of operations
Of autopsy no

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

23. Signature Trott Kerkenfuss (M. D. or other) MD
Address 340 Bermuda Ave Date signed 3-25-40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19511

8-10 A, [illegible], Except [illegible]
340 [illegible]

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 Warren A. Carver

Licensed Embalmer No. 3534

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.