S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 5 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26251

Registration District No. 784 — Primary Registration District No. 106 — Registrar's No. 1393

1. PLACE OF DEATH:

(a) County: Saint Louis
(b) City or town: Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1215 South Geyer Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In ~~hospital or institution~~ since June 27
(Specify whether)
In this community June 27th. to date of death
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:
(c) City or town: Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4907 MARYLAND AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Luan Joy Goodbar

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: Widow
6. (b) Name of husband or wife: Alvan B. Goodbar
6. (c) Age of husband or wife if alive: decs'd years
7. Birth date of deceased: May (Month) 29 (Day) 1857 (Year)

8. AGE: Years: 83 | Months: 1 | Days: 27 | If less than one day: hr. min.

9. Birthplace: Bolivar (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:

MOTHER FATHER
12. Name: Levi Joy
13. Birthplace: Petersburg (City, town, or county) Virginia (State or foreign country)
14. Maiden name: Mary Frances Hill
15. Birthplace: Bolivar (City, town, or county) Tenn (State or foreign country)

16. (a) Informant: Alvan J. Goodbar
(b) Address: 801 McKnight Road, Ladue
17. (a) Valhalla (Burial, cremation, or removal) (b) Date thereof: Dec 27 40 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine
18. (a) Signature of funeral director: Bellefontaine Funeral Co
(b) Address: 3621 Olive
19. (a) JUL 27 1940 (Date received by local registrar) W. R. Meyer M.D. Dep H (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th
year 1940 hour 1255 minute P M.
21. I hereby certify that I attended the deceased from April 12, 1940 to July 26, 1940
that I last saw her alive on July 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senile Dementia	
Since April 12th	
Due to	
Due to 167	
Other conditions (Include pregnancy within 3 months of death)	
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? 707
(Specify type of place)
While at work? (e) Means of injury

23. Signature: Edwin C. Schmitte (M. D. or other)
Address: 4952 Maryland Date signed: 7/26/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. B. Schmidtke
4952 Maryland Ave.

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 Robert T. Sangster, Registered Apprentice No. 259, working under my personal supervision.

Signed Merrill E. Grohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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.