No. 2
-13-40
17-39
X23159

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

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

F-4496
Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26854
Primary Registration District No. 1003
Registrar's No. 6750

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 Days (Specify whether years, months or days)
In this community 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 23 (If outside city or town limits, write "RURAL")
(d) Street No. 1817 ~~Shield~~ Ave SCHILD (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jaco, Odessa 207
3. (b) If veteran, name war No.
3. (c) Social Security No. 488-10-1777
4. Sex F.
5. Color or race W
6. (a) Single, widowed, married, divorced Div.
6. (b) Name of husband or wife Matthews
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Feb. 4, 1907 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
33	6	3	hr. min.

9. Birthplace DeSoto, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Shirt Presser
11. Industry or business Superior Laundry Co.
FATHER 12. Name John Goodson
FATHER 13. Birthplace DeSoto, Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Maggie Smith
MOTHER 15. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)
16. (a) Informant Maggie Goodson
(b) Address 1817 Shield
17. (a) Removeal (Burial, cremation, or removal) (b) Date thereof 8/9/40 (Month) (Day) (Year)
(c) Place: burial or cremation Garwood, Mo.
18. (a) Signature of funeral director A. N. McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) AUG 8 1940 (Date received by local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7. year 1940 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 5, 1940, 19..., to August 7, 1940, that I last saw her alive on August 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Melanoma with Metastases — Duration
PRIMARY IN SKIN OF THE BACK
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 1
23. Signature William H. Elliott (M. D. or other)
Address 1515 Lafayette Date signed 8/7/40

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2301 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.