

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **26893**  
Registrar's No. **6789**

Registration District No. **791**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community Unavailable (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Walter Goins 5211  
3. (b) If veteran, --- name war \_\_\_\_\_  
3. (c) Social Security No. Unavailable

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Marite Goins  
6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased About 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Abt. 52 -- -- hr. min.

9. Birthplace Evansville, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business None

12. Name Unavailable - Goins

13. Birthplace Unavailable 9  
(City, town, or county) (State or foreign country)

14. Maiden name Lena - Unavailable  
(City, town, or county) (State or foreign country)

15. Birthplace Unavailable 9  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ruth Harris

(b) Address 4277 Enright Avenue

17. (a) Burial (b) Date thereof 8/10/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Sales

(b) Address 4107 Finney Avenue

19. (a) AUG 10 1940 (b) J. A. Bredeck  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Saint Louis, MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4277 West Garfield Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5th  
year 1940 hour 4:12 minute \_\_\_\_\_ P. 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 Coronary Sclerosis with Chronic Interstitial Myocarditis;  
Due to Contrib: Chronic Interstitial Nephritis; Oedema of Brain;  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 181

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_  
23. Signature Joseph M. Johnson (M. D. or other)  
Address Deputy Colman

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.

**STATEMENT BY LICENSED EMBALMER**

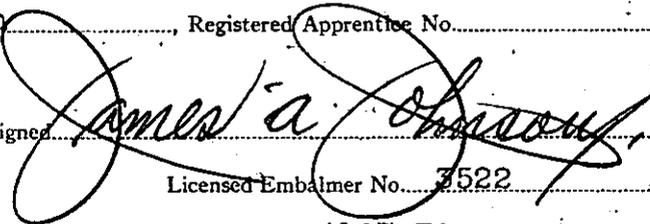
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

**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.**