

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1912

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural, Meremac Twpsh.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ossenfort Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none 2
(Specify whether)

In this community 81 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Ossenfort Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME John Goodair

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7, year 1940 hour 10 minute 45 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rose Ellen Goodair

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Oct. 14, 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 18 1940, to Oct 7 1940, that I last saw h.i.m. alive on Oct 7 1940 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death Coronary Thrombosis

Due to Coronary Sclerosis

Due to Hypertension

Other conditions gip
(Include pregnancy within 3 months of death)

9. Birthplace Franklin Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own farm,

MOTHER FATHER { 12. Name David H. Goodair

{ 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lucy J. Houston,

{ 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Willard Goodair

(b) Address Chesterfield, Mo.

17. (a) Burial (b) Date thereof Oct. 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cem, Monarch, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) OCT - 9 1940 (b) H. K. Meyer
(Date received local Registrar's signature)

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) _____

(e) Means of injury _____

23. Signature Henry Scott (M. D. or other) M.D.

Address Ballwin, Mo. Date signed Oct 8-40

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

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.....

Theo. Schrader

Licensed Embalmer No.....

3066

P. O. Address.....

Dallwin, Ill.

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, fact should be so stated above.