

MAR 25 1941 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4879

Registrar's No. 1127

Registration District No. 791

Primary Registration District No. 1003

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: St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether _____)
In this community 27 years
years, months or days)

3. (a) PRINT FULL NAME

ELIZABETH GODDARD

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife JOHN 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January 18, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 14 If less than one day hr. min.

9. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name Carl Denning

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

14. Maiden name Hannah Vonschenehen
(City, town, or county) (State or foreign country)

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

16. (a) Informant John Goddard
(b) Address 4121 Shenandoah Avenue

17. (a) Burial (b) Date thereof Feb. 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Lebanon

18. (a) Signature of funeral director Will M. Langhin
(b) Address 2301 Lafayette Avenue

19. (a) Feb 3 1941 (b) J. F. Medley
(Date received for filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4121 Shenandoah Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1
year 1941 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan. 5-41
_____, 19____, to Feb. 1, 1941;
that I last saw her alive on Feb. 1, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease

Due to 9/10/41
Due to 1/1/41

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

Major findings: Dilated multilocular?
Of operations Pneumonia

Of autopsy None

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 George C. Bess (M. D. or other) D. M.
Address 3606 Prairie Date signed 2-2-41

Duration unk.
Underline the cause to which death should be charged statistically.

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..... *Paul A. Keith*

Licensed Embalmer No. *36121*

P. O. Address *2317 Lafayette*

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: