

FILED MAY 21 1942

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 36

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:  
State Hospital #4 - Employee 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois

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

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

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country. ....

3. (a) PRINT AUSTIN PETERS GOODIN  
FULL NAME

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased November 23rd, 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>4</u>	<u>26</u>	hr. .... min.

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

10. Usual occupation Night Attendant - St. Hosp. #4

11. Industry or business. ....

12. Name Austin Goodin

13. Birthplace Bardstown / Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Fletcher

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

16. (a) Informant Ruth Wilkerson - daughter

(b) Address 2313 Hillton, St. Louis, Mo.

17. (a) Burial (b) Date thereof 4-21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre Cemetery

18. (a) Signature of funeral director C. Z. Boyer

(b) Address Desloge, Mo.

19. (a) 4-21-42 (b) Byrdie S. Bukhmaster  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th  
year 1942 hour 11 minute 35 P. M.

21. I hereby certify that I attended the deceased from 8-13-42  
to 4-19-42  
that I last saw him alive on 4-19-42

and that death occurred on the date and hour stated above.  
Immediate cause of death Acute Cholecystitis Duration  
with peritonitis and Hepatitis, began 4-8-42

Chronic nephritis.

Due to Generalized arteriosclerosis  
Terminal hypostatic pneumonia began 4-15-42

Due to .....

Other conditions NONE  
(Include pregnancy within 3 months of death)

Major findings: NO

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) NO

(b) Date of occurrence NO

(c) Where did injury occur? NO  
(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) (e) Means of injury

OG. TIVIS GRAVES, JR., M.D., MD.

23. Signature OG. TIVIS GRAVES, JR., M.D., MD. (M. D. or other)  
Address Farmington, Mo. Date signed 4-20-42

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

94  
00

MOTHER FATHER

RECORDED

District Health Officer No. 4  
District File Number 542-572  
Date Filed 5-12-42

**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 C. Z. Bayer  
Licensed Embalmer No. 1671  
P. O. Address Desloge Mo

**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.

24-12-42