

LEL JUL 30 1942 791

Primary Registration District No. 1003

Registrar's No. 5838

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17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
#P

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:  
4121 Shenandoah  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution .....  
(Specify whether  
In this community 31 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 4121 Shenandoah (If rural, give location) 9 17  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME John Richard Goddard

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elisabeth 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Nov 18 1870  
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 20 If less than one day hr. min.

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

10. Usual occupation Night Watchman

11. Industry or business Retired 6 Mo.

12. Name John A Goddard

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

14. Maiden name Mary Sappington

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

16. (a) Informant John R. Goddard Jr.

(b) Address 4019 Shaw Ave.

17. (a) Burial (b) Date thereof July 10 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) JUL 9 1942 (b) J. F. Budek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1942 hour 6 minute 50 AM/PM

21. I hereby certify that I attended the deceased from Jan 30  
1941 to July 8 1942  
that I last saw him alive on July 8, 6:18 AM 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage ?  
Duration ?

Due to Hypertension 1 yr

Due to Stroke

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 80

Of autopsy 80

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? 0

While at work? (Specify type of place) 0  
Means of injury —  
23. Signature John A. Burger (M. D. or other) MD  
Address 2315 S. Grand Date signed 7/9/42

**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

*Paul A. Keith*

Licensed Embalmer No.

*3617*

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.**