S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 292

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 397

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. Louis City Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 669 19 2

(c) City or town St. Louis. 92
(If outside city or town limits, write "RURAL")

(d) Street No. 1211 Chouteau Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Godfrey.

3. (b) If veteran, name war None

3. (c) Social Security No. None.

4. Sex M.

5. Color or race W. 0

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Alice Godfrey.

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

7. Birth date of deceased (Month) (Day) (Year) 1878

8. AGE: Years 65 Months Unk. Days Unk. If less than one day hr. min.

9. Birthplace Ireland. (City, town, or county) 4 (State or foreign country)

10. Usual occupation Egg Candler.

11. Industry or business

FATHER
12. Name Michael Godfrey.
13. Birthplace Ireland. (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mary Sullivan.
15. Birthplace Ireland. (City, town, or county) 4 (State or foreign country)

16. (a) Informant Miss Julia Godfrey.
(b) Address 4537 Pershing Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) (Date received local registrar) JAN 14 1943 (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th.
year 1943 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia with marked Alcoholic gastritis

Due to

Due to 1/08

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 1/13/43

(Licensed Embalmer's Statement on Reverse Side)

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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 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.