

4217

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2136

2136

Registration District No. 1000

Primary Registration District No. 1000

Registrar's No.

## 1. PLACE OF DEATH:

(a) County.....  
 (b) City or town.....  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether

In this community..... (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Ethel A. Godman

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

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

6. (b) Name of husband or wife Frederick C. Godman 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 9 - 23 - 1882 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 5 11 hr. min.

9. Birthplace Sherman Texas (City, town, or county) (State or foreign country)

10. Usual occupation Aiton Memorial Hospital

11. Industry or business John Pelly Austin

12. Name John Pelly Austin 9

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

14. Maiden name Mary Moody (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. W. Moon

(b) Address 1422 Big Bend Road.

17. (a) Cremation (b) Date thereof 3-5-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Cavalhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Road at Concordia Lane

19. (a) Date received local registrar MAR 5 1943 (b) J. F. Bredeck (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County  
 (c) City or town Alton (d) Street No. 2104 Washington Ave. (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No) 2  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1943 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from ? 19 41 to 3/4/43 19.....

that I last saw her alive on 3/4/43 19..... and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Mediastinal tumor (neuro-fibroma)

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Confirmed diagnosis Of operations.....

Of autopsy confirmed diagnosis

## 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 James L. Mudd (M.D. or other)

Address 684 N. Grand Blvd. Date signed 3/5/43

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

FILED MAR 15 1943 818

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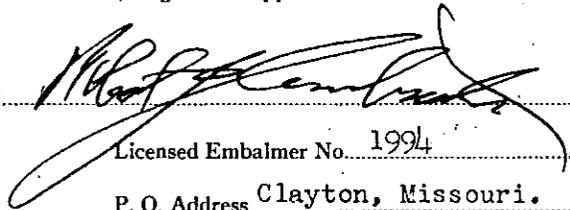
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**STATEMENT BY LICENSED EMBALMER**

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.....

  
.....

Licensed Embalmer No. 1994.....

P. O. Address Clayton, Missouri.....

**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.**