

FILED MAY 15 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1129

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Demay
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:
Mount St. Rose Sanatorium
(If not in hospital or institution, write street number or location) 11

(d) Length of stay: In hospital or institution 1/6/43 to 5/12/43
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 2006 John Ave.,
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME VINCENT GOODWIN

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1943 hour 10 minute 45 P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Estelle Goodwin, wife

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased August 11, 1917
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/6/1943 to 5/11/1943
that I last saw him alive on 5/11/1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>25</u>	<u>9</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death Pulmonary Tuberculosis 1 1/2 yr

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

Due to _____

Due to _____

Other conditions 1361
(Include pregnancy within 3 months of death)

10. Usual occupation Clerk

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business American Car Foundry Co.

12. Name Frank Goodwin

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Edna Meikel

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant Estelle M. Goodwin

(b) Address 2006 E. John Ave

17. (a) Burial (b) Date thereof 5-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S S Peter & Paul Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

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 _____

19. (a) 5-13-43 (b) C. V. McHarran
(Date received local registrar) (Registrar's signature)

23. Signature John G. Murphy (M. D. or other) M.D.

Address 701 S. Broadway Date signed 5/12/43

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

76
00

REC-7 AM

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 G. Buchholz*
Licensed Embalmer No. *2110*
P. O. Address *St. Louis*

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.