S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19614

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5783

1. PLACE OF DEATH:

(a) County 000

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township) 17

(c) Name of hospital or institution: Missouri Pacific Hospital (If not in hospital or institution, write street number or location) 9 14

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 5031 Lindenwood Ave. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Joseph Narcis Goin Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. 702-07-0021

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Jessie M. Goin

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April (Month) 8th (Day) 1869 (Year)

8. AGE: Years 74 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Bloomsdale (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Missouri Pacific R.R.

11. Industry or business

FATHER 12. Name Charles F. Goin

13. Birthplace St. Genevieve (City, town, or county) Mo. (State or foreign country) 0

MOTHER 14. Maiden name Mary L. Robert

15. Birthplace Mine La Mont (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Joseph N. Goin

(b) Address 5031 Lindenwood Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-43 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 24 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1943 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 18, 1943, to June 23, 1943 that I last saw him alive on June 23, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	
Due to: Carcinoma of larynx	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Laryngeal obstruction tracheotomy performed	
Of autopsy:	

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 Harol Steele (M. D. or other)

Address 1755 S. Grand Date signed 6/23/43

(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 Richard W. Sherman

Licensed Embalmer No. 4607

P. O. Address.....

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.