

S. No. 2
M-2-43
5-17
1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32528

State File No. _____

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2083

1. PLACE OF DEATH:

(a) County SAINT LOUIS
(b) City or town RICHLAND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
SAINT MARYS HOSPITAL
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SAINT LOUIS
(c) City or town UNIVERSITY CITY 096
(If outside city or town limits, write "RURAL") 3
(d) Street No. 7392 STRATFORD AVE
(If rural, give location) 5
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PAUL LORATINE GOODALE

3. (b) If veteran, name war NO. 3. (c) Social Security No. 488-10-9117

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GEORGIA PEDEN GOODALE 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased APRIL 27 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 4 18 hr. _____ min.

9. Birthplace LAMAR COLORADO
(City, town, or county) (State or foreign country)

10. Usual occupation CHEMIST
11. Industry or business BLANTON CO. - FOOD PRODUCTS

12. Name MARSHALL S. GOODALE
13. Birthplace CINCINNATI OHIO
(City, town, or county) (State or foreign country)
14. Maiden name ROXA SWIFT
15. Birthplace INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS GEORGIA P. GOODALE
(b) Address 7392 STRATFORD AVE

17. (a) BURIAL (b) Date thereof 9-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CEMETERY

18. (a) Signature of funeral director C. R. LUPTON & SONS
(b) Address 7253 DELMAR BLVD

19. (a) SEP 17 1943 (b) E. J. McCarroll, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15
year 1943 hour 3:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 1943 to Sept 15 1943
that I last saw him alive on Sept 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Rectum
Grade 4

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Cancer of Rectum
Of operations _____
Of autopsy Saw

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 W. M. Quinn (M. D. or other)
Address 200 Theatre Bldg Date signed 9-16-43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

254
8/43

SEP 20 1948

818 Quint
MA-3/5/48
Fr. M. R. McShane
Mrs. Theatre Bldg
Rm. 3 to 5 P.M.
5E 6646

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, Mo.

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.