S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 27 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39103

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2596

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Res- 7744 Davis Drive (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton (If outside city or town limits, write "RURAL")

(d) Street No. 7744 Davis Drive (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Tyra Hill Goddard

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Esther Goddard

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased October 24 - 1879 (Month) (Day) (Year)

8. AGE: Years 64 Months D Days 28 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business International Shoe Co.

FATHER
12. Name George Hill Goddard
13. Birthplace Unknown (City, town, or county) Maine (State or foreign country)

MOTHER
14. Maiden name Virginia Hill
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs Esther Goddard

(b) Address 7744 Davis Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7253 Delmar Blvd

19. (a) NOV 24 1943 (Date received local registrar) (b) E. G. McGovern, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11/22 day 22 year 1943 hour 10 AM minute M.

21. I hereby certify that I attended the deceased from Oct 20, 1943, to Nov 22, 1943 that I last saw him alive on Nov 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Liver	1 year
Due to:	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 Jos Rosetti (M. D. or other)

Address 4952 Maryland Date signed 11/22/43

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 7 1943

DEC 2 [illegible]

APR 1 8 1944

49 52 Maryland
FO - 7500
Hrs. 10 to 2 P.M.

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 Lowell Paul Bemmer, Registered Apprentice No. 351, working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - 1

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.