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

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39863

FILED JAN 12 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12007

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 City Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 mos. 9 ds. (Specify whether In this community 13 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11
(c) City or town St. Louis 15 (If outside city or town limits, write "RURAL")
(d) Street No. 5628 Enright (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME EMMA GOODIN

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

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Monroe Goodin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 5, (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	5	26	hr. min.

9. Birthplace Moroa (City, town, or county) Illinois (State or foreign country)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name John Walters
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Cooper
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jessie E. Rice
(b) Address 5628 Enright Ave
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1/3/44 (Month) (Day) (Year)
(c) Place: burial or cremation Danville, Illinoise
18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd.
19. (a) DEC 31 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31. year 1943 hour 7.15 minute p M.
21. I hereby certify that I attended the deceased from Feb. 22, 1943, to Dec. 31, 1943 that I last saw her alive on Dec. 31.1943, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aspiration Type Pneumonial week	
Due to Arteriosclerotic Heart Disease	2/22/43x
Due to Generalized Arteriosclerosis	1943x
Other conditions Cholelithiasis (Include pregnancy within 3 months of death)	1943x

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 [signature] (M. D. or other)
Address 5300 Arsenal Date signed 12-31-43

(Licensed Embalmer's Statement on Reverse Side)

12007

12007

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis 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.