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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 9 1944 18

Primary Registration District No. 1003

Registrar's No. 3958

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town 3100 S. Broadway
(If outside city or town limits, write "RURAL")
(d) Street No. St. Louis, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry Godat
3. (b) If veteran, name war no
3. (c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 27th
year 1944 hour 12:15 minute A. M.
21. I hereby certify that I attended the deceased from April 19th
19 44, to April 27th 19 44
that I last saw him alive on April 27th 19 44
and that death occurred on the date and hour stated above.
Immediate cause of death
Coweney thrombosis
Duration
9/4

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rhoda
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased March 17, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 1 9 hr. min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name ? Godat
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown 9
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rhoda Godat

(b) Address 3100 S. Broadway

17. (a) burial (b) Date thereof 4-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave

19. (a) Apr 28 1944 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Refused

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 Frank Finley (M. D. or other) 4.1
Address 1515 Lafayette Date signed 4/27/44

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

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

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

Oliver E. Lender

Licensed Embalmer No. *4748*

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.