

No. 2  
-5-43  
5-17-39  
1 X38671

FILED **MAY 25 1944**  
Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:  
4652 Vernon Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (Specify whether)  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17 91 2

(d) Street No. 4652 Vernon Ave (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

**3. (a) PRINT FULL NAME** Matilda Goodpasture

**3. (b) If veteran,** name war. \*\*\*\*\*

**3. (c) Social Security** No. \*\*\*\*\*

**4. Sex** Female **5. Color or race** White

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

**6. (b) Name of husband or wife** Jesse Goodpasture

**6. (c) Age of husband or wife if alive** 83 years

**7. Birth date of deceased** September 10 1856  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>87</u>	<u>8</u>	<u>6</u>	hr. _____ min.

**9. Birthplace** Missouri (City, town, or county) (State or foreign country) 0

**10. Usual occupation** Housewife

**11. Industry or business** \_\_\_\_\_

**12. Name** John Goodpasture **9**

**13. Birthplace** Unknown (City, town, or county) (State or foreign country) **9**

**14. Maiden name** Jnae Porterfield **9**

**15. Birthplace** Unknown (City, town, or county) (State or foreign country) **9**

**16. (a) Informant** Jessie Roberts

**(b) Address** 4652 Vernon Ave

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 5-20-44  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Sunset Burial Park

**18. (a) Signature of funeral director** Peetz Brothers

**(b) Address** 3029 Lafayette Ave

**19. (a) MAY 18 1944** J.F. Grudeck (Date received local Registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 16th day May  
year 1944 hour 11:15 minute P. M.

**21. I hereby certify that I attended the deceased from** March 15th 1944 to May 16th 1944  
that I last saw her alive on May 14th, 1944  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Acute Myocarditis **Duration** 4 da

**Due to** 93a

**Due to** \_\_\_\_\_

**Other conditions** Chronic Arteriosclerosis 2 Mo.  
(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? \_\_\_\_\_

**While at work** \_\_\_\_\_ (Specify type of place)

**(b) Means of injury** 0

**23. Signature** Dr. W. H. Walters (M. D. Seal)  
**Address** 3608 South Grand Blvd. **Date signed** 3/17/44

*Dr. Walters*  
*Jan 7891*

**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 *jos. E. McCulloch*  
Licensed Embalmer No. *2460*  
P. O. Address *6175 Pellman*

**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.