V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26250

FILED SEP 8 1944 18

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7579

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL") 11

(d) Street No. 4108a Aldine
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Maggie Goodwin

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife John Goodwin

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased Feburary 16th 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	6	14	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Nil

FATHER
12. Name George Hardiman
13. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Mary (Unavailable)
15. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Minnie Valentine
(b) Address 4108 Aldine Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-2-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Brinkley, Arkansas

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) SEP 1 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30, year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 25, 1944 to August 30, 1944 that I last saw her alive on August 30, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease with Congestive failure	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 Alva Moore (M. D. or other)

Address 601 Whittier Date signed 8/31/44

8401

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas J. Gates, Registered Apprentice No. _____, working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.