

FILED JAN 31 1945
318

Registration District No.

Primary Registration District No.

Registrar's No.

609

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: Masonic Home of Missouri
(If not in hospital or institution, write street number or location) 5
(d) Length of stay: In hospital or institution 7 years (Specify whether
In this community same years, months or days)

3. (a) PRINT FULL NAME Goodwin C. Dresser

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Edith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 22, 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace East DeKalb, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Levi Dresser

13. Birthplace Massachusetts
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Goodwin

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. Smith Keller

(b) Address 5351 Delmar Blvd.

17. (a) Cremation (b) Date thereof 1/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander J. Sosa

(b) Address 637 1/2 Delmar Blvd. St. Louis

19. (a) JAN 27 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1945 hour 3.00 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 18, 1938
to January 18, 1945
that I last saw him live on January 18, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to Chronic Myocarditis 2 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address 508 1/2 Grand Blvd. Date signed 1-19-45

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 Joseph E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6175 Dellmar

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.