

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

FILED JAN 31 1945
Registration District No. **578**

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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 mos. 5 ds. **0**
(Specify whether years, months or days)

In this community 20 yrs.

3. (a) PRINT FULL NAME TROY GOOSBY

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race col

6. (a) Single, widowed, married, divorced Sgl. U

6. (b) Name of husband or wife

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

7. Birth date of deceased March 17, 1906
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>10</u>	<u>1</u>	hr. min.

9. Birthplace not known Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Charles Goosby

13. Birthplace not known Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Lulu Pippins

15. Birthplace not known Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Snider

(b) Address 5400 Arsenal

17. (a) Burial (b) Date thereof 1-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or removal Washington Park

18. (a) Signature of funeral director Benjamin G. Bredel

(b) Address 3103 Washington

19. (a) JAN 19 1945 (b) J. Bredel
(Date of recording) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2624 Stoddard
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18,
year 1945 hour 6.25 minute P M.

21. I hereby certify that I attended the deceased from March 13,
1944 to January 18, 1945
that I last saw him alive on January 18, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>General Paresis</u>	<u>1944x.</u>

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 30

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) Means of injury _____

3. Signature Palmer P. Bowler (M. D. or other)
Address 5400 Arsenal 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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 45-75 Alder

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.