S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35316

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9732

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2519A Glasgow
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 53

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 70
(c) City or town St Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2519A Glasgow
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME EMMA BOLAR GOODWIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased 7 (Month) - 24 (Day) - 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
53	3	13	hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name George Bolar
13. Birthplace Glasgow (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Emma Clark
15. Birthplace Little Rock (City, town, or county) Ark (State or foreign country)

16. (a) Informant Wilber Goodwin
(b) Address 2519A Glasgow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 10 (Day) 45 (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J J Richardson
(b) Address 2625 Glasgow

19. (a) NOV 10 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7 year 1945 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 1944, 19 44, to Nov 7, 19 45, that I last saw her alive on Nov 5, 19 45, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cachexia	
Due to: Sarcoma - Retro Peritoneal gland	
Due to:	
Other conditions (Include pregnancy within 3 months of death): No	
Major findings: Of operations: Sarcomatous mass in abdomen	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Wm Smiley (M. D. or other)
Address 1001 N Jefferson Date signed 11-8-45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed A D Richardson

Licensed Embalmer No. 2928

P. O. Address City

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.