V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 335

FILED JAN 21 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12

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:
Christian Hospital O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County 060

(c) City or town St. Louis 1017
(If outside city or town limits, write "RURAL")

(d) Street No. 4452 Bessie Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Goff

3. (b) If veteran, name war

3. (c) Social Security No 498-09-4179D

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Warren Goff

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

7. Birth date of deceased June (Month) 5 (Day) 1870 (Year)

8. AGE: Years 76 Months 6 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name John Miller

13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

14. Maiden name Mary Stiehl

15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mildred Willman

(b) Address 4452 Bessie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Provost and Co

(b) Address 3710 N. Grand Blvd.

19. (a) JAN 2 1946 (Date received local registrar) (b) J. F. Brecheen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st
year 1946 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from Dec. 14, 1945, to Jan. 1, 1946, that I last saw her alive on Dec 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia — Duration 12 days

Due to Fracture of head

Fr. femur. Dec 14-1945.

Due to fall at home.

Other conditions Diabetes Mel. Indef.
(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) accident

(b) Date of occurrence Dec. 14 - 1945.

(c) Where did injury occur? 4452 Bessie Av. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home.
(Specify type of place)

While at work? (e) Means of injury Fell to floor

23. Signature R. J. Rigler (M. D. or other)

Address 415-8 New Bland Date signed 1-24-46

(Licensed Embalmer's Statement on Reverse Side)

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

2542

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 Earl E. Provost

Licensed Embalmer No. 1578

P. O. Address 3710 N Grand Blvd

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.