

No. 2  
12-45  
17-39  
X47070

FILED APR 8 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3206

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

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 803 N. Jefferson  
(If rural, give location)

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

If yes, name country .....

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

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

4. Sex Male 5. Color or race Negro

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

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

7. Birth date of deceased Dec. 3 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 23  
year 1947 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from 3-21, 1947 to 3-23, 1947; that I last saw h. in alive on Mar. 23, 1947; and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 3 Days 20 If less than one day 0 hr. min.

9. Birthplace Bondfils, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business .....

MOTHER FATHER { 12. Name Albert Goodwin 9

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

14. Maiden name Margaret Willisams

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

16. (a) Informant Matthew Goodwin

(b) Address Robertson, Mo.

17. (a) Burial (b) Date thereof 3/29/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Music Cemetery

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole Street

19. (a) MAR 26 1947 (b) J. F. Budek  
(Date received by Registrar) (Registrar's signature)

Immediate cause of death Degenerative Heart Disease with Decompensation

Due to .....

Due to .....

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....

Of autopsy No

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)  
(e) Means of injury 0

23. Signature Edw. B. Williams (M. D. or other) 0

Address 2601 N. Whittier Date signed 3/25/47

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

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**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 4575 Aldine

**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.**