No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15115

FILED MAY 9 1947 318

Registration District No. 1003 Primary Registration District No.

Registrar's No. 4245

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 City Hospital
(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

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. 2606 Parnell St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Goodwin
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mabel Alice
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 20 (Day) 1875 (Year)

8. AGE: Years 71 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Elkpoint (City, town, or county) South Dakota (State or foreign country)
10. Usual occupation Nil
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Frank Mosblech
(b) Address 118 E. Cartwright ave. Lemay, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof April 26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.
(b) Address 7814 S. Broadway
19. (a) APR 25 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23 year 1947 hour 2 minute 40 P.M.
21. I hereby certify that I attended the deceased from September 18th 1944 to April 23rd 1947; that I last saw him alive on April 23rd, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Chronic nephritis	
Due to	
Due to	
Other conditions Hypertension, Chronic (Include pregnancy within 3 months of death)	
Myocarditis, Coronary disease	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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)
(e) While at work? (f) Means of injury
23. Signature (M. D. or other) M.D.
Address 1319 So. Bdwy. St. Louis, Mo Date signed 4-25-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Emb separate Cert filed APR 23 1971

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.....

Licensed Embalmer No.....

P. O. Address.....

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.