S. No. 2
M—1/47
7. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22254

FILED JUL 12 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6376

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3120 Easton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 YEAR years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 100
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 3120 Easton 9
(If rural, give location)
21
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Goodlow
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem
5. Color or race Col
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife KING GOODLOW
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased JULY (Month) 29 (Day) 1886 (Year)

8. AGE: Years 61 Months 11 Days 0 If less than one day hr. min.

9. Birthplace (City, town, or county) ARK (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name GEO. WASHINGTON
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name RACHELL WINN
15. Birthplace (City, town, or county) ARK (State or foreign country)
16. (a) Informant KING GOODLOW
(b) Address 3071 EASTON
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation FATHER VICKSON
18. (a) Signature of funeral director F. A. GREEN
(b) Address 2915 FRANKLIN
19. (a) JUL 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day June year 1947 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (Sclerotic)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94

Major findings:
Of operations
Of autopsy

Duration

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)
While at work (e) Means of injury
23. Signature Patrick E. Taylor (M. D. or other)
Address Date signed 7/1/47

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

Jefferson City Printing Co. (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 Tom Carter Registered Apprentice No. 500 working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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.