S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22255
5028

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1003

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 Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution yrs. mos. ds. (Specify whether
In this community 18 yrs. years, months or days)

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. 13 5400 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA GOODWIN
3. (b) If veteran, name war no
3. (c) Social Security No.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Div.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 20 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
53	9	1	hr. min.

9. Birthplace (City, town, or county) Georgia (State or foreign country)
10. Usual occupation Saleslady
11. Industry or business
12. Name James Goodwin (FATHER)
13. Birthplace Georgia (City, town, or county) (State or foreign country)
14. Maiden name Marjorie Mansel (MOTHER)
15. Birthplace Georgia (City, town, or county) (State or foreign country)
16. (a) Informant Clara Robinson
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23-47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Pulliam Funeral Home
(b) Address 3029 Lafayette Ave.
19. (a) JUN 23 1947 (Date received local registrar) (b) J. F. Breuch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1947 hour 5.05 minute A M.
21. I hereby certify that I attended the deceased from March 1st, 1946, to June 21, 1947 that I last saw her alive on June 21, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Tuberculosis- Pulmonary	2yrs.x.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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)
While at work? (e) Means of injury

23. Signature Jack R. Bideman (M. D. or other)
Address 5400 Arsenal St. Date signed 6/21/47
JACK R. BIDEMAN

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 _____ Registered Apprentice No. _____ working under my personal supervision.

Signed Laird Cauffman

Licensed Embalmer No. 4242

P. O. Address 3029 Lafayette Ave.

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.