S. No. 2
OM—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25561

Registrar's No. 7314

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:
5403 Beacon Ave. 1
(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 008

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5403 Beacon Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 7 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Clarence Lee Good

3. (b) If veteran, name war

3. (c) Social Security No. 499-12-8566

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Alice Good

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased January (Month) 16, (Day) 1881 (Year)

8. AGE: Years 66 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Lehigh, (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation House Painter

11. Industry or business Self

FATHER
12. Name Wesley Good
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Charlottea Beem
15. Birthplace (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant Mrs. Alice Good
(b) Address 5403 Beacon Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) AUG 5 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th year 1947 hour 2:25 minute A. M.

21. I hereby certify that I attended the deceased from Dec 14, 1946 to Aug. 4, 1947 and that I last saw him alive on Aug. 3, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration: Don't Know

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) Bronchial asthma — Don't know

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)
(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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. R. Merrow (M.D. or other) MD
Address 5230 Geraldine signed 8-4-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Menown (11-1)
5330 Geraldine

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.....Albert R. Thompson Jr

Licensed Embalmer No. 4277

P. O. Address.....St Louis

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.