

FILED JAN 9 1948

Registration District No. **248**

Primary Registration District 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:
In rout to Homer Philips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
Life (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **67**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1224 no 16th street**
25 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Saundra Good**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 3 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **0**

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

7. Birth date of deceased **Nov 30 1947**
(Month) **26** (Day) (Year)

8. AGE: Years _____ Months **26** If less than one day _____ hr. _____ min.

9. Birthplace **St Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

12. Name **Clarnee Good**

13. Birthplace **St Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Augusta Bible**
15. Birthplace **St Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Clarnee Good**

(b) Address **1224 no 16th street**

17. (a) **Buriel** (b) Date thereof **Dec 29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Peters cem**

18. (a) Signature of funeral director **J.W. 7 Lughan**

(b) Address **2620 Lawton blyd**

19. (a) **REC 29-10-47** (b) **J. F. Breda**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **25**
year **1947** hour **11** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Dec 25**
19 **47**, to **Dec 25** 19 **47**
that I last saw her alive on **Dec 25** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Failure** Duration **1 week**

Due to **Congenital heart disease**

Other conditions (Include pregnancy within 3 months of death) **151**

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature **Wesley Smiley** (M. D. or other) _____
Address **1001 N. Jefferson** Date signed **Dec 27**

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

Rev. 6-17-39 1 X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Thomas Marshall Hanson, Registered Apprentice No. 492
working under my personal supervision.

Signed Lydia Hughes

Licensed Embalmer No. 9938

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, above space should be left blank.