

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2187

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town. ST LOUIS MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County..... 100

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

(d) Street No. 4080 Toenges 9
(If rural, give location)

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

3. (a) PRINT FULL NAME FREDERICK A. GODRON

3. (b) If veteran, name war..... none

3. (c) Social Security No. 492-05-6131

4. Sex. Male 5. Color or race. white

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

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

7. Birth date of deceased. July 12 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>19</u>hr.min.

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

10. Usual occupation. Salesman

11. Industry or business.....

12. Name. Adelbert Godron

13. Birthplace. Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name. Bertha Panzer

15. Birthplace. not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant. Elinore Godron

(b) Address. 4080 Toenges

17. (a) Cremation (b) Date thereof. 3-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Missouri Crematory

18. (a) Signature of funeral director. John L. Ziegenhein & Sons

(b) Address. 7027 Gravois Ave.

19. (a) MAR 3 1948 (b) J. P. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. MARCH day. 1
year. 1948 hour. 8/30 minute..... P. M.

21. I hereby certify that I attended the deceased from JANUARY 10
....., 1948 to March 1,....., 1948
that I last saw him alive on MARCH 1,....., 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocardial infarction
coronary arteriosclerosis

Due to.....

Due to.....
Hypertensive Heart Disease

Other conditions.....
(Include pregnancy within 6 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy..... as above

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..... 0

23. Signature. Michael W. Karl (M. D. or not)
Address. Barnes Hospital, Date signed.....

J

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.