. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6409

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1958

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 1639a Texas Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 600
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1639a Texas Ave. 9
(If rural, give location)
23 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William H. Goodspeed
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife Martha Goodspeed
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 4 (Day) 1861 (Year)

8. AGE: Years 86 Months 2 Days 21 If less than one day hr. min.
9. Birthplace Urbana (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Doras Goodspeed
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Phobea Spray
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant William D. Goodspeed
(b) Address 1639a Texas Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Licking, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) FEB 26 1948 (Date received local registrar) (b) J. F. Brenck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1948 hour 5 minute 00 A.M.
21. I hereby certify that I attended the deceased from 2-12-, 1948, to 2-25-, 1948
that I last saw him alive on 2-25-, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary embolism	1 hour
Due to Hypertension Heart Disease	Years
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 0
23. Signature Geo. A. Seib (M. D. or other)
Address 2323 Lafayette Date signed 2/25/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

1938

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 Ernest W. Spillard

Licensed Embalmer No. H080

P. O. Address .....

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.