S. No. 300
M—10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14121

FILED MAY 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4084

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

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:
Homer G Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 46 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4010 a Page 9
(If rural, give location) 0

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

3. (a) PRINT FULL NAME William Godwin

3. (b) If veteran, name war

3. (c) Social Security No. 702-10-8082

4. Sex Male 1

5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Velma

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

7. Birth date of deceased December 12, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	4	16	hr. min.

9. Birthplace Ripley, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Waiter

11. Industry or business

FATHER
12. Name Randall Godwin
13. Birthplace Ripley, Mississippi
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " A
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Godwin
(b) Address 4010a Page Blvd.

17. (a) Burial (b) Date thereof 4/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue

19. (a) APR 30 1948 J. F. Brodeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1948 hour 7 minute a M.

21. I hereby certify that I attended the deceased from
March 13, 1948, to April 28, 1948
that I last saw him alive on April 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease; Cerebral Hemorrhage	Undet.
Due to	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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

23. Signature Otto L. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 4/28/48

(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.....

Licensed Embalmer No.....

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.