

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21518**  
**1665**  
Registrar's No.

Registration District No. **317** Primary Registration District No. **3063**

**1. PLACE OF DEATH:**  
(a) County **St. Louis**  
(b) City or town **Clayton**  
(c) Name of hospital or institution: **#88 Arundel**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Clayton**  
(d) Street No. **#88 Arundel**  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

**3. (a) PRINT FULL NAME:** **Goodfriend, James**  
**3. (b) If veteran name war:** **No.** **3. (c) Social Security No.:**  
**4. Sex:** **Male** **5. Color or race:** **White** **6. (a) Single, widowed, married, divorced:** **Married**  
**6. (b) Name of husband or wife:** **Elizabeth Goodfriend** **6. (c) Age of husband or wife if alive:** **28** years  
**7. Birth date of deceased:** **January 27, 1914**

8. AGE:	Years	Months	Days	If less than one day
	<b>34</b>	<b>5</b>	<b>8</b>	hr. min.

**9. Birthplace:** **St. Joseph Missouri**  
**10. Usual occupation:** **Physician**

**11. Industry or business:**  
**12. Name:** **James Goodfriend**  
**13. Birthplace:** **Austria**  
**14. Maiden name:** **Sarah Berg**  
**15. Birthplace:** **St. Joseph Missouri**

**16. (a) Informant:** **Mrs. James Goodfriend**  
**(b) Address:** **#88 Arundel**  
**17. (a) Burial** **(b) Date thereof:** **July 7, 48**  
**(c) Place: burial or cremation:** **Valhalla Receiving Vault**

**18. (a) Signature of funeral director:** **Herman Rindskopf, Inc.**  
**(b) Address:** **5216 Delmar Blvd.**  
**19. (a) 7-6-48** **(b) Registrar's signature:** **Edward Massel**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **July** day **5** year **1948** hour **11** minute **10 P.M.**  
**21. I hereby certify that I attended the deceased from:** **1946**, 19 to **Death**, 19 that I last saw him alive on **July 5**, 1948 and that death occurred on the date and hour stated above.

**Immediate cause of death:** **Acute Coronary Thrombosis**  
**Due to:** **Coronary Sclerosis**  
**Previous coronary thrombosis**  
**Other conditions:** **94a**

**Major findings:** **Of operations:**  
**Of autopsy:** **Acute Coronary Thrombosis Myocardial Infarction**

**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?:**  
**(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:** **Edward Massel** **(M.D. or other):**  
**Address:** **607 N. Grand Ave** **Date signed:** **July 6**

**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.**