

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

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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21546  
State File No. \_\_\_\_\_  
Registrar's No. 1561

FILED JUL 14 1948

Registration District No. 377

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Kirkwood 22, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
612 W. Washington  
(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)

3. (a) PRINT FULL NAME GOOD, Leona Esther

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married; divorced widowed

6. (b) Name of husband or wife David Good Dec'd 5/13/16 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 12th 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 4 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Burr Oak, Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation At home - housewife

11. Industry or business \_\_\_\_\_

12. Name Horace Jeffrey

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

14. Maiden name Laura Coulter

15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Harold J. Good

(b) Address 612 W. Washington Avenue

17. (a) Burial (b) Date thereof 6/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc

(b) Address Clayton Rd. at Concordia Lane

19. (a) 6-23-48 (b) Carl A. Haynes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Kirkwood 22 4  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 612 W. Washington Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st  
year 1948 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from March 1,  
1947, to June 21, 1948;  
that I last saw her alive on June 20, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 hrs

Cerebral hemorrhage 12hrs  
Due to Essential Hypertension 5 yrs

Due to Unknown 93d

Other conditions Chronic myocarditis 5 yrs  
(Include pregnancy within 3 months of death) PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No autopsy  
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? \_\_\_\_\_

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

23. Signature J. Bennett M.D. (M. D. or other) M.D.  
Address 243 W. Jefferson Date signed 6/21/48

**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. Spillers

Licensed Embalmer No. 4080

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.**