

Registration District No. **318**

Primary Registration District No. **1003**

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:
2917 Thomas Street
(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 **Charles Henry Goins**
3. (b) If veteran, name war _____
3. (c) Social Security No. **494-24-1672**

4. Sex **Male** 2
5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Rose Goins**
6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **Sept. 6, 1888**
(Month) (Day) (Year)

8. AGE: Years **59** Months **10** Days **7**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Hauling (truck)**

11. Industry or business _____

12. Name **Unknown** 9

13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown** 9

15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Rose Goins**

(b) Address **2917 Thomas Street**

17. (a) **Burial** (b) Date thereof **7/17/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem. Russell Und., Co.**

18. (a) Signature of funeral director _____
(b) Address **2732 Pine Boulevard**

19. (a) **JUL 15 1948** (b) **J. P. Brodeur**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **ood**
(c) City or town **St. Louis** 11
(If outside city or town limits, write "RURAL")
(d) Street No. **2917 Thomas St.** 9
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **13**
year **48** hour **1:00** minute **P.M.**
21. I hereby certify that I attended the deceased from **7-12-1948** to **7-13-1948**
that I last saw **alive** on **7-13-1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Interstitial Nephritis**
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **121**

Major findings:
Of operations _____
Of autopsy _____
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 **Dr. Edward Bell** (M. D. or other) _____
Address **2901-1/2 Galvada Ave.** Date signed **7-15-48**

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

MOTHER FATHER

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 *Clayton Young*

Licensed Embalmer No. *3371*

P. O. Address *St. Louis*

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.