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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED SEP 7 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27746  
State File No. ....  
Registrar's No. 7453

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In-hospital or institution .....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County .....  
(c) City or town Eureka  
(If outside city or town limits, write "RURAL")  
(d) Street No. NK .....  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3: (a) PRINT FULL NAME ESSIE GOODMAN  
3: (b) If veteran, name war ..... 3: (c) Social Security No. ....  
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John J. Goodman  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Unknown  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 25  
year 1948 hour 9 minute ..... A. M.  
21. I hereby certify that I attended the deceased from December 4, 1946 to Aug. 25, 1948  
that I last saw her alive on Aug. 25, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cancer of Ovary & Metastases  
Duration 12 mos  
Due to .....  
Due to HA .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

8. AGE: Years 62 Months - Days - If less than one day hr. min.  
9. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
10. Usual occupation At home  
11. Industry or business .....  
12. Name Unknown  
13. Birthplace Russia  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Russia  
(City, town, or county) (State or foreign country)

Major findings: ca of Ovary  
Of operations .....  
Of autopsy ca of Ovary  
PHYSICIAN .....  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
16. (a) Informant John J. Goodman  
(b) Address Eureka, Mo.  
17. (a) Removal (b) Date thereof: 8-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Kansas City, Mo.  
18. (a) Signature of funeral director Herman Rindskopf, Inc.  
(b) Address 5216 Delmar Blvd.  
19. (a) AUG 25 1948 (b) J. F. Bredel  
(Date received local registration) (Registrar's signature)

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) (c) Means of injury .....  
23. Signature J. C. Middleton (M. D. or other)  
Address 462 N. Taylor Ave. Date signed .....

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

MAR 3 1950

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**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.....

*John K. Ketter*  
.....  
Licensed Embalmer No. *3880*  
.....  
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.**