FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31034

Registration District No. 318 Primary Registration District No. 1008 Registrar's No. 7992

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: Peoples Hospital D
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17

(c) City or town St. Louis 4 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4409 Enright Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME RUTH A GOOD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single D

6. (b) Name of husband or wife

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

7. Birth date of deceased SEPT (Month) 13 (Day) 1899 (Year)

8. AGE: Years 48 Months 11 Days 26 If less than one day hr. min.

9. Birthplace UNION (City, town, or county) MO (State or foreign country) U

10. Usual occupation TEACHER

11. Industry or business

FATHER
12. Name LEWIS M. GOOD
13. Birthplace UNION (City, town, or county) MO (State or foreign country) D

MOTHER
14. Maiden name AURELIE I BEASLEY
15. Birthplace UNION (City, town, or county) MO (State or foreign country) D

16. (a) Informant HALLIE MARIE - GOOD
(b) Address 4409 ENRIGHT

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Washington PK

18. (a) Signature of funeral director English Und Co.
(b) Address 2936 Lucas Ave

19. (a) SEP 13 1948 (Date received local registrar) (b) J. F. Brennan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 9 year 1948 hour 6 minute 900P M.

21. I hereby certify that I attended the deceased from 9/9/48 to 9/9/48 that I last saw her alive on 9/9/48 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Deg

Due to Hypertension (malignant)

Due to

Other conditions (Include pregnancy within 3 months of death) 83

Major findings: Of operations None

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? NO (Specify type of place) D

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 822 N. Jefferson Date signed 9/10/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....Burleson English.....

Licensed Embalmer No.....4208.....

P. O. Address.....2931 Lucas Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.