

FILED NOV 30 1948

Registration District No.

Primary Registration District No. **3020**Registrar's No. **143**

1. PLACE OF DEATH:

(a) County **Franklin**
 (b) City or town **Washington Mo**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Francis**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 days**
 (Specify whether
 In this community **2 days**
 years, months or days)

3. (a) PRINT FULL NAME

ERNST GOODREAU

3. (b) If veteran,

name war **not known**

3. (c) Social Security No.

290-26-2114

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **nee Dollie St. Goodreau** 6. (c) Age of husband or wife if alive **-** years
 7. Birth date of deceased **not known**
 (Month) **July** (Day) **-18** (Year) **-1881**

8. AGE:

Years	Months	Days	If less than one day
67	21	3	hr. - min.

9. Birthplace **not known** (City, town, or county) (State or foreign country)10. Usual occupation **not known**11. Industry or business **not known**12. Name **Hubert Goodreau**13. Birthplace **not known** (City, town, or county) (State or foreign country)14. Maiden name **not known**15. Birthplace **not known** (City, town, or county) (State or foreign country)16. (a) Informant **personal effects**(b) Address **-**17. (a) **removal** (b) Date thereof **11-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Lorain Ohio**18. (a) Signature of funeral director **Att. J. J. ...**(b) Address **Washington Mo.**19. (a) **Nov. 23, 1948** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ohio** (b) County **not known**
 (c) City or town **Lorain**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1028 West Oak Ave.**
 (If rural, give location)
 (e) Citizen of foreign country? **not known** (Yes or No)
 If yes, name country **not known**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov 24** 1948
year **1948** hour **3** minute **55** P.M.21. I hereby certify that I attended the deceased from **Nov 19, 48**
to **Nov 28**, 1948
that I last saw him alive on **Nov 21**, 1948
and that death occurred on the date and hour stated above.Immediate cause of death **Internal injuries to the thorax, fractured skull, fracture of leg in situ**
Due to **St. Paul's**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **NOV 21**

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**(b) Date of occurrence **Nov 19, 48**(c) Where did injury occur: **New Richmond Franklin Mo**
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? **It is not**While at work? **Yes** (Specify type of place)(e) Means of injury **Hit by auto**23. Signature **[Signature]** (M.D. or other)Address **Washington Mo** Date signed **11/23/48**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 29 1948

DEC 31 1948

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. 2464

P. O. Address Washington DC

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.