

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

41478
State File No. _____
Registrar's No. 11337

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Horace F. Goodwin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Mary E. Goodwin 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July 13th., 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 15 _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business American Laundry Ma. Co.

12. Name Alden Goodwin
13. Birthplace Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Cunningham
15. Birthplace Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary E. Goodwin

(b) Address 2913a Clearview Place

17. (a) Removal (b) Date thereof 12-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keokuk Iowa

18. (a) Signature of funeral director Arthur J. Annelle
(b) Address 3840 Lindell Blvd.

19. (a) DEC 29 1948 (b) J. B. Spaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Belnor
(If outside city or town limits, write "RURAL")
(d) Street No. 2913a Clearview Place
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th.,
year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11-25, 1947 to 12-28, 1948
that I last saw him alive on 12-28-48, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 12-15-48

Due to Rt Broncho pneumonia 12-13-48

Due to Chronic Myocarditis
Arteriosclerosis

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature W. G. Moore (M. D. or other) MD
Address 7301 National Bridge Rd Date signed 12-29-48

Normandy 21 Ms

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

MOTHER FATHER

MS FEB 29 1960

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 W. H. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.