

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24827

State File No. 1003

REGISTRAR'S NO. 6541

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>6541</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis</b> TOWN _____		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis</b> TOWN _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3038 Eads Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Era</b>		b. (Middle) _____		(Last) <b>Godier</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 26 1949</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 5, 1910</b>	
9. AGE (In years last birthday) <b>39</b>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brewery Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Falstaff Brewery Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Prairie Du Rocher, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Emanuel Godier</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Roberts</b>		14. NAME OF HUSBAND OR WIFE <b>Bernice Godier</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bernice Godier, 3038 Eads Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of Liver</b>				MEDICAL CERTIFICATION	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>12th St</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5810</b>			
22. I hereby certify that I attended the deceased from <b>June 20, 1949</b> , to <b>July 26, 1949</b> , that I last saw the deceased alive on <b>July 26, 1949</b> , and that death occurred at <b>6:30 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Ralph Berglund</b> (Degree or title)				23b. ADDRESS <b>320 38 Grand</b>		23c. DATE SIGNED <b>7/27/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-27-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph</b>		24d. LOCATION (City, town, or county) (State) <b>Prairie Du Rocher, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 28 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Sasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. W. Binkley*

Licensed Embalmer No. *13653*

P. O. Address *St. Louis, Mo.*

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.