

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35161**
9133

BIRTH NO. #104596		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission!)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 17 - 4013 Russell Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.							
3. NAME OF DECEASED (Type or Print)		a. (First) MATTIE		b. (Middle) MATTIE ORA		c. (Last) GOODMAN	
4. DATE OF DEATH		(Month) October		(Day) 23,		(Year) 1949	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH January 27, 1909	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 8 Days 26	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Department manager		10b. KIND OF BUSINESS OR INDUSTRY Sunshine Laundry		11. BIRTHPLACE (State or foreign country) Williams County, Tennessee		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Gunter		13b. MOTHER'S MAIDEN NAME Dora Kelley		14. NAME OF HUSBAND OR WIFE Henry H. Goodman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-05-0607		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry H. Goodman 4013 Russell Avenue			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Arteriosclerotic Nephrosclerosis INTERVAL BETWEEN ONSET AND DEATH 1 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renocarditis Hypertensive Cardiovascular disease.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input checked="" 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) 131			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H-H-X			
22. I hereby certify that I attended the deceased from 10/16/49 , 19 49 , to 10/23/49 , 19 49 , that I last saw the deceased alive on 10/23/49 , 19 49 , and that death occurred at 11:10PM. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph B. J. Eldredge M.D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 10/24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 25, 1949		24c. NAME OF CEMETERY OR CREMATORY Taylor Cemetery		24d. LOCATION (City, town, or county) (State) Franklin, Tennessee	
DATE REC'D BY LOCAL REG. OCT 25 1949		REGISTRAR'S SIGNATURE J. B. Basater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Robert L. & Co. 1905 So. GRAND BLD			

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ronald @ Yabruk

Licensed Embalmer No. 3917

P. O. Address St Louis

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.