

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10134
2902
Registrar's No. _____

FILED APR 9 1951

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No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>St. Louis, Missouri</u>)		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2 269	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>			d. STREET ADDRESS (If rural, give location) <u>1906 Hodier</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u>		b. (Middle) _____		c. (Last) <u>GOODRICH</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 27 1951</u>		5. SEX <u>4 1</u>		6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Feb 19 1876</u>		9. AGE (In years; last birthday) _____ IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>		
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Wm Hauge</u>		13b. MOTHER'S MAIDEN NAME <u>Mara Walsh</u>		
14. NAME OF HUSBAND OR WIFE <u>James F. Goodrich</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. Callahan Calman</u>						
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ 11. 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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR? <u>H2O</u>						
22. I hereby certify that I attended the deceased from <u>3-16-51</u> , 19____, to <u>3-27-51</u> , 19____, that I last saw the deceased alive on <u>3-27-51</u> , 19____, and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Albert E. Stock M.D.</u> (Degree or title)		23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>3-27-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/30/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>G. B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Central Funeral Home 1841 Cass</u>		

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James D. Embler*

Licensed Embalmer No. *3657*

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.