

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14124

3772

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 10 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital				d. STREET ADDRESS (If rural, give location) 3833 Tamm Ave.			
3. NAME OF DECEASED (Type or Print) Harold		a. (First)		b. (Middle) Goodwin		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Apr. 20 1951		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 14, 1887		9. AGE (In years last birthday) 63		10. IF UNDER 1 YEAR Months		11. IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foundry Sup't.		10b. KIND OF BUSINESS OR INDUSTRY Medart Co.		11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Frederick Goodwin		13b. MOTHER'S MAIDEN NAME Charlotte Simpson		14. NAME OF HUSBAND OR WIFE Kathryn Goodwin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-09-8120		17. INFORMANT'S SIGNATURE OR NAME Kathryn Goodwin, 3833 Tamm Ave.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of gastric ulcer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Duodenal + gastric ulcers DUE TO (c) Pulmonary Osteoma II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 hrs. about 5 years 2 yrs	
19a. DATE OF OPERATION 4/13/51		19b. MAJOR FINDINGS OF OPERATION Perforated duodenal ulcer				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)			
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? 54/11			
22. I hereby certify that I attended the deceased from April 27, 1951, to April 20, 1951, that I last saw the deceased alive on April 20, 1951, and that death occurred at 6:45 P. M., from the causes and on the date stated above.							
23a. SIGNATURE H. Heinsberg MD				23b. ADDRESS 3606 Travis Ave		23c. DATE SIGNED 4/21/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 23, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE J. B. Lanta		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Colonial Mortuary 6164 Chippewa St.			

APR 23 1951

Dr. Wm. Weinsberg
3606 Gravois Ave.

3772

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 T. Broadway

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.