

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14125**
3243

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3243		
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 town or township) Saint Louis			c. LENGTH OF STAY (in this place) 2 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				7. STREET ADDRESS (If rural, give location) 5236 Alcott Avenue (20) 0				
3. NAME OF DECEASED (Type or Print) a. (First) Vernon		b. (Middle) J.		c. (Last) Goodwin		4. DATE OF DEATH (Month) (Day) (Year) April 4th, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)	8. DATE OF BIRTH June 13th, 1888		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Special Investigator		10b. KIND OF BUSINESS OR INDUSTRY Union Electric Co.		11. BIRTHPLACE (State or foreign country) Vickry, Ohio		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Goodwin		13b. MOTHER'S MAIDEN NAME Minnie Felton		14. NAME OF HUSBAND OR WIFE Carrie Goodwin nee Keller				
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. None		17. INFORMANT'S SIGNATURE OR NAME Carrie Goodwin, 5236 Alcott Avenue (20) ADDRESS				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogen Carcinoma 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.					INTERVAL BETWEEN ONSET AND DEATH 3 Mo?	
19a. DATE OF OPERATION 3/28/51		19b. MAJOR FINDINGS OF OPERATION Confirmed above				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X				
22. I hereby certify that I attended the deceased from 3/6, 1951 to 4/4, 1951 , that I last saw the deceased alive on 4/4, 1951 , and that death occurred at 8:30 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE James L. Mudd, M.D. (Degree or title)				23b. ADDRESS 634 N. 8th St. St. Louis		23c. DATE SIGNED 4/5/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/7/51		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. APR 6 1951		REGISTRAR'S SIGNATURE J. B. Parson		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd. ADDRESS				

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

Ms Theodor Reedy
634 N. Grand
4:00 Pm
St. Louis

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.....

working under my personal supervision.

Student Embalmer No.....

Signed John A. Mlinar

Signed.....
Student Embalmer

Licensed Embalmer No. 4186

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.