

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43554

State File No.

FILED JAN 5 1952

BIRTH NO. 91703-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 4143

4005

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

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 3 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ladue	
3. NAME OF DECEASED (Type or Print) Cynthia Louise Godbey		d. STREET ADDRESS (If rural, give location) 8719 Mary Knoll	
a. (First)		b. (Middle)	
4. DATE OF DEATH (Month) (Day) (Year) Dec 30 1951		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH Dec 27 - 1951		9. AGE (in years last birthday) IF UNDER 1 YEAR Months 3 IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) St Marys Hospital Richmond Heights, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Walter L. Godbey		13b. MOTHER'S MAIDEN NAME Helen Hughes	
14. NAME OF HUSBAND OR WIFE		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 ADDRESS Walter L. Godbey - 8719 Mary Knoll	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis foetalis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) rd incompatibility DUE TO (c) Prematurity	
INTERVAL BETWEEN ONSET AND DEATH 3 days		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 7705 (COUNTY)		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?	
22. I hereby certify that I attended the deceased from Dec. 27, 1951 , to Dec. 30, 1951 , that I last saw the deceased alive on Dec 30, 1951 , and that death occurred at 4:45 AM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Franice J. Wickmar M.D.		23b. ADDRESS 6901 Plymouth	
23c. DATE SIGNED 12/30/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)	
24b. DATE 12/31/51		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, County Missouri		DATE REC'D BY LOCAL REG. 12/31/51	
REGISTRAR'S SIGNATURE Hubert R. Janke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons 7233 Delmar Blvd	

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.....
Student Embalmer

Signed *Melvin J. Kemper*.....

Licensed Embalmer No. *4052*.....

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.

Not embalmed