

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2993**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Clayton</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		4. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>#21 Brentmoor</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Warren</u> b. (Middle) _____ c. (Last) <u>Goddard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1954</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 29, 1871</u>		9. AGE (in years last birthday) <u>82 yrs</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Brookline, Mass.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph W. Goddard</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Pearson</u>	
14. NAME OF HUSBAND OR WIFE <u>Louise Augustine Goddard</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-16-6724</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louise Goddard</u>		17. ADDRESS <u>21 Brentmoor</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Cerebral arteriosclerosis</u>		?	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
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) <u>33 EX</u>	
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, 1937, to April 1, 1954, that I last saw the deceased alive on April 1, 1954, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald B Grant M.D.</u> (Degree or title)		23b. ADDRESS <u>114 N. Taylor Ave</u>		23c. DATE SIGNED <u>April 6, 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 3, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>APR 2 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gleason & Sons</u>	
				ADDRESS <u>6175 Delmar</u>	

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

Dr. Grant
Je 8600

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.....
Signature of Student Embalmer

Signed *John E. McCulloch*

Licensed Embalmer No. *2 #6*

P. O. Address *6175 P*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.