

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32416**

FILED SEP 28 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **917** PRIMARY REG. DIST. NO. **541** Registrar's No. **2243**

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

3. NAME OF DECEASED (Type or Print)	(First) <b>Edward</b>	(Middle) <b>Oscar</b>	(Last) <b>Goodin</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>9 20 54</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 18 1884</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>2</b>	IF UNDER 24 HRS. Hours <b>2</b> Min. <b>27</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>America</b>
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13a. FATHER'S NAME <b>UNKNOWN Goodin</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>Ada Jane Goodin</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Fred Goodin</b>	ADDRESS <b>R.R.#12 Kirkwood Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema, bilat, massive</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2-6 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial Infarction</b>		<b>6 hrs.</b>
	DUE TO (c) <b>Hypertensive Cardiovascular Dis.</b>		<b>?</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral thrombosis old</b>		<b>14 yrs</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **9-20**, 1954, to **9-20**, 1954, that I last saw the deceased alive on **9-20**, 1954, and that death occurred at **11:55 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Cooper Day</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>601 So. Brentwood</b>	23c. DATE SIGNED <b>9/22/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-24-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>
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DATE REC'D BY LOCAL OFF. <b>9/22/54</b>	REGISTRAR'S SIGNATURE <b>Robert K. Somke, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Weyer-Pfzinger</b>	ADDRESS <b>Kirkwood 22 Mo.</b>
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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *William H. Pfitzinger*

Licensed Embalmer No. *413*

P. O. Address *Kirkwood*

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.