

FILED FEB 20 1956

STANDARD CERTIFICATE OF DEATH

6513

State File No.

318

1003

Registrar's No. 979

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.																																									
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE																																											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY OR TOWN Webster Groves		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>																																									
c. LENGTH OF STAY (in this place) 12 Days				e. STREET ADDRESS (If rural, give location) 102 Mason Ave.																																											
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospital																																															
3. NAME OF DECEASED (Type or Print) a. (First) EVA b. (Middle) MAY c. (Last) GODWIN			4. DATE OF DEATH (Month) (Day) (Year) 1-28-1956																																												
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-12-1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 2 Hrs. Hours	IF UNDER 15 Min.																																								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Bloomington Ill.		12. CITIZEN OF WHAT COUNTRY? USA																																									
13a. FATHER'S NAME George F Carruthers			13b. MOTHER'S MAIDEN NAME Harriet E Barrowman		14. NAME OF HUSBAND OR WIFE L. Pierce Godwin																																										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W.G. Godwin 102 Mason Ave.																																											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))																																															
<table border="1"> <tr> <td colspan="6">I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism</td> <td colspan="2">INTERVAL BETWEEN ONSET AND DEATH 12 hours</td> </tr> <tr> <td colspan="6"> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. </td> <td colspan="2"></td> </tr> <tr> <td colspan="6"> ANTECEDENT CAUSES (b) Surgery of hip Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. </td> <td colspan="2"></td> </tr> <tr> <td colspan="6"> (c) Fracture of hip O.K. </td> <td colspan="2"></td> </tr> <tr> <td colspan="6"> II. OTHER SIGNIFICANT CONDITIONS (d) Jaundice Conditions contributing to the death but not related to the disease or condition causing death. </td> <td colspan="2"> County Clerk 1/31/56 </td> </tr> </table>								I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism						INTERVAL BETWEEN ONSET AND DEATH 12 hours		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.								ANTECEDENT CAUSES (b) Surgery of hip Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								(c) Fracture of hip O.K.								II. OTHER SIGNIFICANT CONDITIONS (d) Jaundice Conditions contributing to the death but not related to the disease or condition causing death.						County Clerk 1/31/56	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 904.0																																													
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) 45 (COUNTY) 000 (STATE)																																											
21d. TIME OF INJURY		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 July , 19 55 , to Jan. , 19 56 , that I last saw the deceased alive on Jan 28, 19 56 , and that death occurred at 5:10 P m., from the causes and on the date stated above.																																															
23a. SIGNATURE (Degree or title) Malcolm B Durree MD				23b. ADDRESS 4660 Maryland		23c. DATE SIGNED 1/29/56																																									
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-29-1956		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Gary Indiana.																																									
DATE REC'D BY LOCAL REG. JAN 30 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. Parker Aldrich		ADDRESS Webster Groves Mo																																									

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 *Lucie Welch*.....

Licensed Embalmer No. *439*.....

P. O. Address *Walter Groves*.....

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.