

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26560**

FILED SEP 10 1956

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 805

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	c. LENGTH OF STAY (in this place) 638 days	c. CITY OR TOWN Chicago	d. 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 Medical Center For Federal Prisoners		e. STREET ADDRESS (If rural, give location) Unknown	

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) E. c. (Last) Goodman			4. DATE OF DEATH (Month) (Day) (Year) September 2, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married - Divorced?	8. DATE OF BIRTH 6-26-1894	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hosp. Nurse & Attendant		10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Adolph Goodman	13b. MOTHER'S MAIDEN NAME Bertha Bloom	14. NAME OF HUSBAND OR WIFE Lillian Meeks	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes USN 1914-16 ?	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS FIIE: MCFP, Springfield, Missouri	
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18. CAUSE OF DEATH USA May, 1917 ?	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hour
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		2 years
*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		4 years
	DUE TO (b) Cardiac insufficiency		
	DUE TO (c) Hypertensive cardiovascular disease		
	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 445X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE *****	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, (street, office, 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 December 4, 1954, to September 2, 1956, that I last saw the deceased alive on September 2, 1956, and that death occurred at 12:30 am., from the causes and on the date stated above.

23a. SIGNATURE E. C. RINCK, M.D.	23b. ADDRESS Medical Center For Federal Prisoners, Springfield	23c. DATE SIGNED 9-4-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/5/56	24c. NAME OF CEMETERY OR CREMATORY Jewish Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 9-7-56	REGISTRAR'S SIGNATURE Edith Williams	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pepe-Hadwin & Wubers 623 W. Walnut Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1961
MAR 9 1961

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 *James W. Wair*

Licensed Embalmer No. *4637*

P. O. Address *Springfield*

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.