

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38646

State File No. _____

FILED OCT 16 1957

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>2311</u>	
1. PLACE OF DEATH a. COUNTY 3700 Rose St (HOME) <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood Mo</u>		c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood</u>		d. STREET ADDRESS (If rural, give location) <u>8700 Rose St. 45110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8700 Rose</u>				d. STREET ADDRESS (If rural, give location) <u>8700 Rose St. 45110</u>			
3. NAME OF DECEASED (Type or Print) <u>Lester Godare</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 15 57</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-16-1897</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Felix Godare</u>		13b. MOTHER'S MAIDEN NAME <u>Cathrine Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Lulu Godare</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>492-09-3644</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lulu Godare 8700 Rose St.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Central Thrombosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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)			
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 <u>1-6</u> , 1956, to <u>9-15</u> , 1957, that I last saw the deceased alive on <u>9-11</u> , 1957, and that death occurred at <u>5:08</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Norman C. Ross M.D.</u>				23b. ADDRESS <u>1695 Brentwood Blvd.</u>		23c. DATE SIGNED <u>9-17-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-24-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-19-57</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Derrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lewis Funeral Home 22. Euclid.</u>			

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
Student Embalmer

Signed _____

James A. Carter
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Licensed Embalmer No. *4681*

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.