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FILED MAR 27 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18992-58

58-011670
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2983

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Baptist Hosp. — Length of stay in Ib: 4 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Overland — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9565 Pagewood Ave. — Reside on Farm: Yes ☐ No ☒

16 21 424 X 0

3. NAME OF DECEASED (Type or print): First: Janet Middle: Marie Last: Good

4. DATE OF DEATH Month Day Year: March 13, 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ 0

8. DATE OF BIRTH: March 13, 1958

9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 4 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Harold J. Good

13b. MOTHER'S MAIDEN NAME: Shirley Miller

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Harold J. Good 9565 Pagewood Ave.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Atelectases
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 762.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6:27 Am 3-13-58 to 10:30 Am 3-13-58 and last saw her/him alive on 3-13-58
Death occurred at 10:30 Am 3-13-58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert L. Forn (Degree or title) M.D. — Robert L. Forn MD

22b. ADDRESS 8230 Forsythe — 8230 Forsythe

22c. DATE SIGNED 3-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3-14-1958

23c. NAME OF CEMETERY OR CREMATORY: Fee Fee Cemetery

23d. LOCATION (City, town, or county) (State): Pattonville, Missouri

24. FUNERAL DIRECTOR: Baumann Bros. Inc. — ADDRESS: 2504 Woodson Rd. Overland, Mo.

25. DATE RECD. BY LOCAL REG.: MAR 14 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. M.J.B.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 David C. Gibson

Licensed Embalmer No. 34-127

P. O. Address Overland, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.