

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019721
State File No.

FILED JUN 13 1958 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5937

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Imperial 5000	
d. FULL NAME OF HOSPITAL OR INSTITUTION 15 Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 29 R. R. #2	
3. NAME OF DECEASED (Type or Print) a. (First) EMMA		b. (Middle) LOU	
c. (Last) GOODRUM		4. DATE OF DEATH (Month) (Day) (Year) June 7, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 5, 1926
9. AGE (In years last birthday) 31		10. MONTHS 9	11. DAYS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Restaraunt	11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edwin Erink	
13b. MOTHER'S MAIDEN NAME Winnie Washburn		14. NAME OF HUSBAND OR WIFE James J. Goodrum	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jas. J. Goodrum, R.R.#2, Imperial, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>163x</u> 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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>5/26</u> , 19 <u>58</u> , to <u>6/7</u> , 19 <u>58</u> that I last saw the deceased alive on <u>6/6</u> , 19 <u>58</u> and that death occurred at <u>3:08</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward W. Czuchra MD</u>		23b. ADDRESS <u>3701 E.randel St</u>	
23c. DATE SIGNED <u>6/9/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/11/58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 9 '58</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D. Louis H. Hoppe</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith M.D. Louis H. Hoppe</u>		ADDRESS <u>Richwood Mo.</u>	

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 *Francis J. Myland Jr.*
Licensed Embalmer No. *4512*

P. O. Address *Richwood*

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.