

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027735
STATE FILE NUMBER

Health, Welfare Public Service
300 1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 4 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1992

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Hts		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkwood 4703
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hosp.		Length of stay in 1b 5 1/2 hrs	d. STREET ADDRESS (If outside, give location) 227 Gordon Pl.
3. NAME OF DECEASED (Type or print) First IDA Middle GODBEY Last GODBEY		4. DATE OF DEATH Month July Day 26 Year 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 14 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, seen if retired) never worked		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Franklin Co Mo.
13. FATHER'S NAME A. J. Tucker		14. MOTHER'S MAIDEN NAME unknown	
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. no	17. INFORMANT Address Robt C Godbey 921 Simmons, Kirkwood Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction & thrombotic embolism DUE TO (b) arteriosclerosis heart disease DUE TO (c) generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Emphysema Coronary Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4200	
20c. TIME OF INJURY Hour 4:20 Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 7/14/58 to July 1958 and last saw her alive on 7/26/58 . Death occurred at 7:30 pm 7/26/58 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Declarant's title) Walter B. Dombek		22c. DATE SIGNED 7/28/58	
23a. BURIAL (CREMATION) REMOVAL (Specify) Burial		23b. DATE 7/29/58	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State) Kirkwood, Mo.		24. FEDERAL DIRECTOR ADDRESS Louisa H. Bopp, Inc. Kirkwood	
25. DATE RECD. BY LOCAL REG. 7-29-58		26. REGISTRAR'S SIGNATURE Herbert B. Dombek	

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 *Herbert J. Gan Jr.*
Licensed Embalmer No. *480*
P. O. Address *Kirkwood*

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.