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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-015030

STATE FILE NUMBER 24182

FILED MAY 12 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

**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): Chronic Hosp. — Length of stay in this place: 3 yrs. 2 mo.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5418 Thrush — Reside on Farm: Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First: Jessie — Middle: — Last: Goodpasture

**4. DATE OF DEATH**: Month: 4 — Day: 27 — Year: 59

**5. SEX**: female

**6. COLOR OR RACE**: white

**7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

**8. DATE OF BIRTH**: Nov. 16, 1885

**9. AGE** (In years last birthday): 73 — IF UNDER 1 YEAR: Months: — Days: — IF UNDER 24 HRS: Hours: — Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housework

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and state or country): Ill. Auburn, Ill

**12. CITIZEN OF WHAT COUNTRY?**: Am. U.S.A.

**13a. FATHER'S NAME**: Jesse Goodpasture

**13b. MOTHER'S MAIDEN NAME**: Matilda Porterfield

**14. NAME OF HUSBAND OR WIFE**: --

**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**: Hospital Records — Address: 5800 Arsenal St.

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Chronic Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) Nephrosclerosis 446x — 3 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Disease - 3 yrs.

**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 2-28-56, to 4-27-59 and last saw her/him alive on 4-27-59. Death occurred at 7:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): John W. Beckham, M.D.

**22b. ADDRESS**: 5800 Arsenal

**22c. DATE SIGNED**: 4/28/59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: 4-29-59

**23c. NAME OF CEMETERY OR CREMATORY**: Memorial Park Cemetery

**23d. LOCATION** (City, town, or county) (State): St. Louis County

**24. FUNERAL DIRECTOR**: Fred C. Henke — ADDRESS: 4911 Washington Blvd.

**25. DATE RECD. BY LOCAL REG.**: APR 29 '59

**26. REGISTRAR'S SIGNATURE**: Noel Smith, M.D.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4077

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.