FILED VS SEP 1 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-030420
STATE FILE NUMBER

Registration District No. ..... Primary Registration District No. 2 7533 ..... Registrar's No. .....

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI BAPTIST — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2620 UNION — Reside on Farm Yes ☐ No ☐

NAME OF DECEASED (Type or print)	First: DOROTHY	Middle: B.	Last: GODFREY	4. DATE OF DEATH: Month 8 Day 12 Year 59
SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: 6-18-84	9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY: HOME	11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
FATHER'S NAME: JOHN BOEHEN		14. MOTHER'S MAIDEN NAME: ANNA KOENIG		
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: MRS. CATHERINE BOTHWELL		

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)	Bronchial Pneumonia	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Perirectal abscess	1 wk
DUE TO (c)	Arteria - sclerotic heart disease	5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	Generalized arteria - sclerosis - Senility 575X	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 Jan 5, 1959, to Aug. 12, 1959 and last saw her/him alive on Aug. 12, 1959. Death occurred at 3:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Maurice A. Diehn, M.D.	22b. ADDRESS: 9385 Pag. Blvd St. Louis 14, Mo	22c. DATE SIGNED: 8/13/59

BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 8/14/59	23c. NAME OF CEMETERY OR CREMATORY: BELLEFONTAINE CEM.	23d. LOCATION (City, town, or county): ST. LOUIS	(State): Mo.
FUNERAL DIRECTOR: PREHMANN-HARRAL	ADDRESS: 1905 UNION	25. DATE RECD. BY LOCAL REG.: AUG 13 '59	26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certifi

by me, or by ....., Student Embalme

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert R. Thomp

Licensed Embalme

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDW
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.