

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003452

FILED VS. JAN 22 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 378** STATE FILE NUMBER

INDEXED

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		Length of stay in 1b	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN Desloge Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2214^{1/2} S. 18TH
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) EDWARD GOODRICH			4. DATE OF DEATH Month JAN. Day 9 Year 1960	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-31-1894	9. AGE (last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FILM EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WARREN GOODRICH		13b. MOTHER'S MAIDEN NAME SARAH CHRISTY		14. NAME OF HUSBAND OR WIFE LORETTA GOODRICH
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. 488-01-3746	17. INFORMANT LORETTA GOODRICH 2214^{1/2} S. 18TH	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) DEBILITY AND INFIRMITIES		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CANCER OF THE LARYNX WITH METASTASES	6 1/2 YEARS
	DUE TO (c) 161x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 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
WE				
21. I attended the deceased from 1953 , to 1960 and last saw him alive on JAN 9, 1960 Death occurred at 11:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Robert D. Jarley, M.D. (Degree or title)	22b. ADDRESS 1325 S. GRAND BLVD.	22c. DATE SIGNED JAN 11, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 12, 1960	23c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW CEM.
24. FUNERAL DIRECTOR Thomas Kettis 2906 Grannis ADDRESS	25. DATE RECD. BY LOCAL REG. JAN 12 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

S.P.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 7906 Grove

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