URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-008260

FILED VS MAR 14 1960

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1916

NDED

1. PLACE OF DEATH
a. COUNTY

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 Saint Louis — Length of stay in 1b 10 days

c. CITY OR TOWN Northwoods — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros.Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4313 Melba 20 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Lionel Middle T Last Godwin

4. DATE OF DEATH Month Feb. Day 15 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 11/1/79

9. AGE (last birthday) 80 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Auto

11. BIRTHPLACE (City and state or country) New York

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Late Frances Godwin

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. Unknown

17. INFORMANT Mr.Albert J.Godwin, Address 4313 Melba Ave. 20

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH 10 days.

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

DUE TO (b) Auricular Fibrillation — 2 yrs

DUE TO (c) Arteriosclerotic H. disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 2-5-60, to 2-15-60 and last saw ~~her~~ him alive on 2-15-60

Death occurred at 7:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gaspar Scarsing MD

22b. ADDRESS 9279 Bataan Dr.

22c. DATE SIGNED 2-16-60

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

23b. DATE 2/19/60

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St.Louis, Missouri.

24. FUNERAL DIRECTOR ADDRESS CALVIN F.FEUTZ, 4828 NAT'L.BRIDGE BLVD.

25. DATE RECD. BY LOCAL REG. FEB 18 1960

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

File in city

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_____ Signed Ralph E. Linders

Signature of Student Embalmer

Licensed Embalmer No. 4275

P. O. Address H. Lowe

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