SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

61-042069
STATE FILE NUMBER

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 280

FILED NOV 22 1961

1. PLACE OF DEATH
a. COUNTY Saint Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles — Length of stay in 1b DOA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saint Joseph's Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN Saint Louis — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2402 No. 9th — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Leona Middle M. Last Goodin
4. DATE OF DEATH Month Nov. Day 17, Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Feb.15,1906
9. AGE (last birthday) 55
IF UNDER 1 YEAR Months 9 Days 2 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) barmaid
10b. KIND OF BUSINESS OR INDUSTRY tavern
11. BIRTHPLACE (City and state or country) Bliss, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Clarence I. Langley
13b. MOTHER'S MAIDEN NAME Emma Valle
14. NAME OF HUSBAND OR WIFE James Goodin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT Address Oscar Langley, St.Louis, Mo.

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) brain concussion — INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. ☐ 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.) Collision of two automobiles, one hitting the other broadside
20c. TIME OF INJURY Hour 1:40 a.m. p.m. Month, Day, Year 11/17/61
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.) Interstate # 70
20f. CITY, TOWN, OR LOCATION St.Louis County, Mo. COUNTY STATE
21. I attended the deceased from held view to Nov. 11,1961 and last saw her him alive on
Death occurred at 2:15 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE Jean R Amalen (Degree or title) Coroner
22b. ADDRESS 12 Cunningham Ct., St.Chas., Mo.
22c. DATE SIGNED 11/17/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Nov.20,1961
23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery
23d. LOCATION (City, town, or county) Granite City, Ill. (State)
24. FUNERAL DIRECTOR Kriegshauser Mortuary, St.Louis, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 11/17/61
26. REGISTRAR'S SIGNATURE Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

NOV 27 1961

FEB 19 1962

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 Frank R. Amalo

Licensed Embalmer No. 4832

P. O. Address St Charl

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.