

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-042447

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10819** STATE FILE NUMBER

FILED DEC 1 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		a. STATE Missouri	b. COUNTY St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Childrens		c. CITY OR TOWN Richmond Heights	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
Length of stay in lb 7 hours		d. STREET ADDRESS 1052 So. McKnight Road	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Beatrice Middle Lynn Last Goodman			4. DATE OF DEATH Month 11 Day 20 Year 61		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-31-52	9. AGE (last birthday) 8 years	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Jerome Louis Goodman		13b. MOTHER'S MAIDEN NAME Jane Goz	
14. NAME OF HUSBAND OR WIFE None		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. None	
17. INFORMANT Jerome Goodman		Address 1052 S. McKnight Rd. Iowa			

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Respiratory Failure**

CONDITIONS, if any, which have led to above cause (a), stating the underlying cause last.

DUE TO (b) **Bronchopneumonia**

DUE TO (c) **Mucoviscidosis**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
5873

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

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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
21. I attended the deceased from 11-20-61 to 11-20-61 and last saw her/him alive on 11-20-61		Death occurred at 8:15pm m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>Robert H. Prosser M.D.</i>	(Degree or title)	22b. ADDRESS 500 S. Kingshighway	22c. DATE SIGNED 11-21-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	23b. DATE 11/21/61	23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai CEMETERY	23d. LOCATION (City, town, or county) (State) Afton, Mo.
24. FUNERAL DIRECTOR Berger Memorial 4715 cPherson		25. DATE RECD. BY LOCAL REG. NOV 21 1961	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

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

Licensed Embalmer No. 3988

P. O. Address _____

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.