

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008104

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

1227

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 16 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis</i> | | Length of stay in 1b <i>DOA</i> | c. CITY OR TOWN <i>St. Louis</i> |
| c. FULL NAME OF (If NOT in hospital, give location) <i>Incarnate Word</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <i>3856 DeFontey</i> |
| 3. NAME OF DECEASED (Type or print) First <i>George</i> Middle <i>H. Goodman</i> Last | | 4. DATE OF DEATH Month <i>1</i> Day <i>27</i> Year <i>1962</i> | |
| 5. SEX <i>M</i> | 6. COLOR OR RACE <i>W</i> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <i>1/20/1901</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) <i>61</i> |
| 11a. FATHER'S NAME <i>George T. Goodman</i> | | 11b. MOTHER'S MAIDEN NAME <i>Carrie Holtgreve</i> | 12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i> | | 16. SOCIAL SECURITY NO. | 14. NAME OF HUSBAND OR WIFE <i>Pearl Goodman</i> |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Lobar Pneumonia, right lung.</i> | | 17. INFORMANT <i>Mrs. Pearl Goodman</i> Address <i>3856 DeFontey</i> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 13. INTERVAL BETWEEN ONSET AND DEATH <i>490x</i> | |
| 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 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <i>12 noon</i> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Helen L. Taylor Coroner</i> | | 22b. ADDRESS <i>1300 Clark Ave.</i> | 22c. DATE SIGNED <i>1-29-62</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 23b. DATE <i>1/30/62</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i> | 23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i> |
| 24. FUNERAL DIRECTOR <i>Jos. A. Howard</i> ADDRESS <i>1619 So. Grand</i> | | 25. DATE RECD. BY LOCAL REG. <i>JAN 29 1962</i> | 26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i> |

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

John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo

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.