

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27708

1. PLACE OF DEATH SEP 23 1931

County _____ Registration District No. **1002**

Township _____ Primary Registration District No. _____

City **St. Louis** **City Hospital**

File No. **8009**

Registered No. _____

St. _____ Ward _____

2. FULL NAME **David J. Goodman**

(a) Residence, No. **11780 Lemay** St. **21** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Cauc** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 75**

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lancaster Pa**

13. NAME **John Goodman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lancaster Pa**

15. MAIDEN NAME **Sophia Williams**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lancaster Pa**

17. INFORMANT **Georgia Coleman**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peder's** DATE **Aug 4 1931**

19. UNDERTAKER (ADDRESS) **2936 Laelette Ave**

20. FILED **AUG - 4 1931** **J. Brueck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/29/31**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at **8:49** m.

The principal cause of death and related causes of importance were as follows:

Excessive heat

Other contributory causes of importance: **73**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) **Harold J. [Signature]** M.D.

(Address) **Dep. Cor [Signature]**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

22 2

