

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.

AUG 9 1935

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

Do not use this space.

791
1003

24437

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City... St Louis

(No. 1431 R, Franklin Ave. St. Ward)

File No.

Registered No. 5811

2. FULL NAME

(a) Residence, No. 1431 R Franklin St., 25 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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17 1898

7. AGE YEARS 37 MONTHS 3 DAYS 20/15 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
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) St Louis, MO

13. NAME John Goodwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

15. MAIDEN NAME Laura Ellen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Gullyn Nordwin 3329 N. 1st

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 7-7 1935

19. UNDERTAKER (ADDRESS) A. C. Buddell, Walton 2707 Stockford St.
J. F. Predeck Registrar.

20. FILED 111 - 7 1935 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from June 28 1935 to July 2 1935

I last saw him alive on July 2 1935. Death is said to have occurred on the date stated above, at 2:20 p.m.

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

apoplexy cerebral 131

Other contributory causes of importance:

Nephritis chronic
pericardial motion

Name of operation..... Date of.....

What test confirmed diagnosis? clinical Was there an autopsy?.....

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? no

If so, specify.....

(Signed) Wesley J. Muesel, M. D.

(Address) 2735 Franklin

1935

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