

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

8505
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City St. Louis, (d) Street No. 6048 Cabanne Place St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clara Burd Goodfellow, 314
 (a) Residence, No. 6048 Cabanne Place St. 5 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. S. Goodfellow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1855,

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 9 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) St. Louis,
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME John W. Burd

14. BIRTHPLACE (CITY OR TOWN) Lynchburg
 (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Eliza Goodfellow.

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

17. INFORMANT Robert B. Brooks
 (ADDRESS) 6048 Cabanne Place

18. BURIAL CREMATION OR REMOVAL PLACE Bellefontaine DATE March 1, 1938

19. FUNERAL DIRECTOR Wagoner Undertaking Co.
 (ADDRESS) 3621 Olive St.

20. MAR 1 1938 J. D. Brudick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20 1937, to Feb 27 1938
 I last saw her alive on Feb 22 1938. Death is said to have occurred on the date stated above, at 7 a. m.

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

Carcinoma of colon Date of onset 1937

Other contributory causes of importance: none

Name of operation colostomy Date of 9/10/37
 What test confirmed diagnosis? " Was there an autopsy? no

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 1

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Russell B Grant M. D.
 (Address) 3724 Washington Blvd

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

RESERVED FOR BINDING

FORM 7-28-37
 V. S. N. 4
 I X12004

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.

Dr Samuel B. Leavitt

STATEMENT BY LICENSED EMBALMER

I, Elmer C. Grothe....., Licensed Embalmer No. 3357

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No..... or by..... Registered Apprentice No.....
working under my personal supervision.

Signed Elmer C. Grothe

Licensed Embalmer No. 3357

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.)