

REC'D SEP 12 1938

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

791
1008

27472

Do not use this space.

7486

1. PLACE OF DEATH

- (a) County..... Registration District No. *1*
- (b) Township..... Primary Registration District No. *1*
- (c) City *St. Louis* (d) Street No. *4187 Delmar Blvd* St. *1302*
(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

- (a) Residence, No. *4187 Delmar* St. *19* (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <i>Lena Goodin</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 5-1887</i>		
7. AGE	YEARS <i>50</i>	MONTHS <i>10</i>
	DAYS <i>17</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<i>Automobile</i>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<i>Mechanic</i>
	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) <i>East St. Louis Illinois</i>		
FATHER	13. NAME <i>John Goodin</i>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <i>ME, Paris Indiana</i>	
MOTHER	15. MAIDEN NAME <i>Jennie Bryant</i>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <i>Highland Illinois</i>	
17. INFORMANT (ADDRESS) <i>Lena Goodin 4187 Delmar</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Valhalla Crematory</i> DATE <i>Aug 24 1938</i>		
19. FUNERAL DIRECTOR (NAME) <i>C. R. Lupton Sons</i> (ADDRESS) <i>4233 Delmar Blvd</i>		
20. FILED <i>AUG 23 1938 J. T. Budick Local Registrar</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8/22 1938*

22. I HEREBY CERTIFY, That I attended deceased from *1/11 1938* to *8/22 1938*, 19*38*. I last saw him *8/22 1938*. Death is said to have occurred on the date stated above, at *6:10* p.m. The principal cause of death and related causes of importance were as follows:
Carcinoma of Neck (Rt) Primary

Other contributory causes of importance: *None*

Name of operation *None* Date of *None*

What test confirmed diagnosis? *Biopsy* 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

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify
(Signed) *W. H. [Signature]*, M. D.
(Address) *City Dept #1*

Kent

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,

Bradford A. Miles

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *Bradford A. Miles*

Licensed Embalmer No. *2901*

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 this body is not embalmed, above space should be left blank.