

JUL 12 1939 791  
1008

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 5329

1. PLACE OF DEATH: City Hospital No 1  
 (a) County W. Lewis Mo.  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: City Hospital 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 hrs  
 In this community 58 yrs  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 1  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1368 Arlington [6]  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME JOHN W. GOODMAN  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 13  
 year 1939 hour 10 minute 40 A.M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Delene Goodman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Mar 1 1865  
 (Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (include pregnancy within 3 months of death)

8. AGE: Years 74 Months 3 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
Cerebral Apoplexy  
arteriosclerosis

9. Birthplace Virginia  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Medicine Peddler  
 11. Industry or business \_\_\_\_\_  
 12. Name John Goodman  
 13. Birthplace Virginia  
 (City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace Virginia  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Goodman  
 (b) Address 1368 Arlington St  
 (c) Place: burial or cremation Memorial Park  
 17. (a) Signature of funeral director Sullivan Bros  
 (b) Date thereof 6-15-39  
 (Month) (Day) (Year)  
 18. (a) Signature of funeral director 2849 N. Curtis  
 (b) Date thereof JUN 14 1939  
 (Month) (Day) (Year)  
 19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Alfred J. Perry (M. D. or other) \_\_\_\_\_  
 Address Deputy Coroner Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39

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.

5  
G  
Fees 20<sup>00</sup>  
Service 200<sup>00</sup>

250<sup>00</sup>  
12

200

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

Signed Albert Mayfield  
Licensed Embalmer No. 3077

P. O. Address.....

**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.**