

STANDARD CERTIFICATE OF DEATH

State File No. 37780Registrar's No. 9619

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

- (a) County 1
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME GORDON E. GOODMAN 3553. (b) If veteran, name war _____ 3. (c) Social Security No. 493-05-80794. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married6. (b) Name of husband or wife Selma 6. (c) Age of husband or wife if alive 44 years7. Birth date of deceased March 1st 1889
(Month) (Day) (Year)8. AGE: Years 50 Months 8 Days 9 If less than one day hr. _____ min. _____9. Birthplace Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Salesman

11. Industry or business _____

12. Name Unknown13. Birthplace Illinois
(City, town, or county) (State or foreign country)14. Maiden name Unknown Illinois15. Birthplace Illinois
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Selma Goodman(b) Address Box 337, Poplar Bluff, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13/39
(Month) (Day) (Year)(c) Place: burial or cremation Poplar Bluff, Mo.18. (a) Signature of funeral director Ziegler Bros.(b) Address 2622-26 Cherokee St19. (a) _____ (b) J. F. Budick
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1
- (c) City or town Poplar Bluff N.R.
(If outside city or town limits, write "RURAL")
- (d) Street No. 315 North 10th
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10
year 1939 hour 9 minute 00 A. M.21. I hereby certify that I attended the deceased from September 16, 1939 to November 2, 1939;
that I last saw him alive on November 2, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death: Brain abscess right (non-tubercular) 3 wks.

Due to Secondary to lung abscess of left upper lobe 6 mos.

Due to cause unknown non-tubercular

Other conditions (include pregnancy within 3 months of death) _____

Major findings: lung abscess, left upper lobe.

Of operations _____

Of autopsy _____

Duration

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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? 1 (Specify type of place) (e) Means of injury _____23. Signature C. Fischer (M. D. or other) _____
Address BARNES HOSPITAL Date signed _____

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.