No. 2
-13-40
17-39

FILED JAN 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40384

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10155

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days. (Specify whether
In this community ? years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4647 Elmbank Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Barbara Goode

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Goode

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March (Month) 31, (Day) 1868 (Year)

8. AGE: Years 62 Months 8 Days 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Frank Velten
13. Birthplace ---- (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Veronica
15. Birthplace ---- (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mr. George Goode
(b) Address 4647 Elmbank Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1940. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 4834 Natural Bridge

19. (a) DEC 10 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 8, day
year 1940 hour 11:35 minute P. M.

21. I hereby certify that I attended the deceased from May, 1940, to Dec 8, 1940
that I last saw her alive on Dec 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Thyrotoxic heart

Due to

Due to Adenoma of Thyroid

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Adenoma of Thyroid 12-7-40.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Carl [illegible] (M. D. or other)
Address 3604 [illegible] Date signed 12-10-40

(Licensed Embalmer's Statement on Reverse Side)

3600 Washington Ave.
2.4

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 John Fetter

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.