

1. PLACE OF DEATH:

(a) County. St. Louis, Mo. - Pine Lawn
(b) City or town. St. Louis, Mo. - Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3936 Philbrook
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County St. Louis
(c) City or town Pinelawn, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3936 Philbrook
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year _____ hour 11 minute 15 AM
21. I hereby certify that I attended the deceased from 1938
_____ 19 _____ to _____ 19 _____

that I last saw her alive on June 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis Duration 3 yrs.

Due to _____
Due to _____

Other conditions Acute Bronchitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

C. While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature John P. Moore (M. D. number) D
Address 8269 1/2 B. Hwy Date signed 1/12/41

3. (a) PRINT FULL NAME Jessie Elizabeth Good

3. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William J. Good 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 25th, 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months II Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Waukegan, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Laness Good
(b) Address 3936 Philbrook

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/41
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix, I
(b) Address 3402 N. Kingshighway

19. (a) JAN 13 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

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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 Guy W Wilkerson
Licensed Embalmer No. 3575

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.