

No. 2  
4-41  
17-39

X26390

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

DEPARTMENT OF COMMERCE

U.S. BUREAU OF THE CENSUS  
FEB JAN 24 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40187  
State File No. 9913  
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 26 days  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME Clarence Goode

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced 9  
7. Birth date of deceased May 27 1941  
(Month) (Day) (Year)

8. AGE: Years 3 Months 6 Days 13  
If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Melvin Good  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Alice Williams  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Quintz

(b) Address 2616 Randolph

17. (a) Burial (b) Date thereof 12 15 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director J.A. Green

(b) Address 2915 Franklin Ave

19. DEC 15 1941 (Date received local registrar)  
J. F. Braddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2616 Goode  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10, 1941  
year..... hour 7 minute 32 A. M.

21. I hereby certify that I attended the deceased from Nov. 14, 1941  
to Dec. 10, 1941;  
that I last saw him alive on December 10, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Unresolved Pneumonia  
Duration 26 days

Due to.....

Due to..... 10 41

Other conditions.....  
(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?

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature D.S. Moore (M. D. 92-41-41)  
Address 2601 N. Whittier Date signed.....

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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: *X. J. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

**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, fact should be so stated above.**