

Registration District No. 784

Primary Registration District No. 203

Registrar's No. 203

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 9461 - Midland Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 2.5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland  
(If outside city or town limits, write "RURAL")

(d) Street No. 9461 - Midland Ave.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK M. GOODMAN

3. (b) If veteran, name war none

3. (c) Social Security No. 491-12-8390

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25  
year 1942 hour 8 minute 36 P. M.

21. I hereby certify that I attended the deceased from Jan. 25  
1942 to Jan. 25 1942  
that I last saw him alive on Jan. 25 1942  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Helia

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: Jan 27 1867  
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration 1 day

8. AGE: Years 74 Months 11 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to arteriosclerosis

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Book keeper

11. Industry or business Post Dispatch

12. Name Frank Goodman

13. Birthplace GA.  
(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 Helia Goodman

(b) Address 9461 Midland Overland, Mo.

17. (a) Burial (b) Date thereof 1-28-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Sammanis Bros

(b) Address 2504 Woodson Rd - Overland, Mo.

19. (a) JAN 27 1942 (b) E. B. McDaniel  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 940

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) None

(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 \_\_\_\_\_

Signature Ray A. Walker (M. D. or other) Dr. D.  
Address 2438 Woodson Rd. Date signed 1-27-42

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

6  
3  
1

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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..... *Oscar F. Mueller* .....

Licensed Embalmer No. *3039* .....

P. O. Address..... *Overland Mo* .....

**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.**