

FILED MAY 7 1942
Registration District No. 751

Primary Registration District No. 1003

State File No. _____
Registrar's No. 3676

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days
(Specify whether
In this community 17 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 11 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3225 Montgomery
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----- 0

3. (a) PRINT FULL NAME Henry A. Goyette

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

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

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

7. Birth date of deceased July 4, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 27 hr. min.

9. Birthplace Albany, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unknown

MOTHER FATHER {
12. Name Mose Goyette
13. Birthplace Massachusetts
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lappin
15. Birthplace Massachusetts
(City, town, or county) (State or foreign country)

16. (a) Informant St. Louis City Hospital.
(b) Address _____

17. (a) BURIAL (b) Date thereof 4-17-42
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Bullon & Kelly

(b) Address 1416 N. Taylor

19. (a) ADD 95 1012 (b) J. F. Brudek
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17,
year 1942 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from April 4, 1942, to April 17, 1942
that I last saw him alive on April 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis
Nephrosclerosis
Due to 121
Due to 121
Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations _____
Of autopsy Senile changes
and organs

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 B. Henderson MD other _____
Address 1515 Lafayette Avenue Date signed 4/17/42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

EX-100-1000

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.

Myself

Signed *Glenn E. Truchon*

Licensed Embalmer No. *4147*

P. O. Address *St. Louis 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.