

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9135**

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. LOUIS CHILDRENS HOSP.
(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 MO (b) County 000
12

(c) City or town ST. LOUIS 912
(If outside city or town limits, write "RURAL")

(d) Street No. 5010A PAGE BLVD.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME DONNA THERESA GOOD

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, divorced SINGLE

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

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

7. Birth date of deceased OCT. - 3 - 1933
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>9</u>	<u>0</u>	<u>28</u>	hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation SCHOOL CHILD

11. Industry or business.....

MOTHER FATHER

12. Name ALFRED GOOD

13. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

14. Maiden name JULIA GIBBONS

15. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant Chief of School

(b) Address 5610A PAGE AVE.

17. (a) BURIAL (b) Date thereof 11-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director J. B. Bredbeck

(b) Address 1416 N. Taylor St.

19. (a) NOV 2 1942 (b) J. B. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1942 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11 AM 10-31
to 12:30 pm 10-31-42 19...
that I last saw her alive on morning 9 Oct 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
meningitis Pneumococcus

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death).....

Major findings:
Of operations none

Of autopsy none

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 J. C. Jardon (M. D. or other)
Address 337 N. Euclid Date signed 12-2-42

Duration 7 Year
days

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

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

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 *Clement McNearf*.....

Licensed Embalmer No. *3732*.....

P. O. Address *St. Louis*.....

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.