

S. No. 2
M-2-43
5-17-39
I X32697

FILED SEP 11 1943
Registration District No. 3

Primary Registration District No. 1003

Registrar's No. 7762

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

1. PLACE OF DEATH:

(a) County St. Louis

(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 Children's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State 1. Missouri County 000

(b) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(c) Street No. 5095 Raymond
(If rural, give location)

(d) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Goodman, Baby Girl

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race wh

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 7 - 9 - 43
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>22</u>	hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Elvin Goodman

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

14. Maiden name Guth Harrington

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

16. (a) Informant R. de Mause

(b) Address 500 S. Kings Highway

17. (a) Autopsy (b) Date thereof 8-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antoinette Board

18. (a) Signature of funeral director W. R. B. Bredbeck

(b) Address 3500 R. 27

19. (a) AUG 30 1943 (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1943 hour 12: minute 25 PM.

21. I hereby certify that I attended the deceased from July 9,
1943, to July 31, 1943;

that I last saw her or alive on July 31, 1943;

and that death occurred on the date and hour stated above.

Immediate cause of death Prenatal

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 John H. Deaver (M. D. or other) _____

Address 500 S. Kings Highway Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8944

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.....

Licensed Embalmer No.....

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, fact should be so stated above.