

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33111

State File No. _____

FILED NOV 1 1943 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 9297

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:
City Infirmery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7yr, 5mo, 20dys.
life (Specify whether
In this community _____
years, months or days)

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. 5800 Arsenal Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GOOD, Albert A.

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced, widowed 2 divorced, widowed
6. (b) Name of husband or wife Annie Good 6. (c) Age of husband or wife if alive 1 years 1855
7. Birth date of deceased Nov. (Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 20 If less than one day _____ br. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Nil

MOTHER FATHER { 12. Name GOOD, Antone
13. Birthplace ??????? (City, town, or county) (State or foreign country)
14. Maiden name KIRCHES, Mamie
15. Birthplace ??????? (City, town, or county) (State or foreign country)

16. (a) Informant D. E. Basso
(b) Address 5800 Arsenal St., St. L, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23, 43. (Month) (Day) (Year)
(c) Place: burial or cremation SS veter & Paul Cem.

18. (a) Signature of funeral director Seberin Tomp
(b) Address 2842 Meramec Street

19. (a) OCT 22 1943 (Date received local registrar) J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20 year 1943 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from March 15 1943 to Oct 20 1943
that I last saw him alive on Oct. 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis
Atherosclerosis
Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy none

Duration chronic
years
chronic
years

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) Means of injury _____

23. Signature J. F. Bredbeck (M. D. or other) M.D.
Address 5800 Arsenal St. Date signed 10/21/43

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.....

Joe S. Benz

Licensed Embalmer No. 4249

2842 Meramec St.

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.