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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39858

State File No.

FILED DEC 22 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10835

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:
Missouri Baptist Hospital
(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. USUAL RESIDENCE OF DECEASED:

000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4452 Bessie Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Warren J. Goff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Nov. (Month) 18th. (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
76	0	17	hr. min.

9. Birthplace (City, town, or county) Ind. (State or foreign country) 1

10. Usual occupation Retired Machinist

11. Industry or business Southern Wheel Co.

FATHER
12. Name Delford Goff
13. Birthplace (City, town, or county) Ind. (State or foreign country) 1

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Elizabeth Goff
(b) Address 4452 Bessie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Bl.

19. (a) DEC 8 1943 (Date received local registrar) (b) J. R. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th. year 1943 hour 8.15 minute A M.

21. I hereby certify that I attended the deceased from July 30, 1943 to Dec. 5 1943 that I last saw him alive on Dec. 4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of urinary bladder	6 mo.+
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis	

Major findings:
Of operations Cancer of bladder
Of autopsy Cancer of bladder

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Andy Hall Jr. (M. D. or other)
Address 607 N. Grand Ave. Date signed 12-6-43
St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L. Kirkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd.

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.