S. No. 2
DM—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12823.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3499

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Da Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96
(c) City or town Ferguson, Mo. (If outside city or town limits, write "RURAL") N. R.
(d) Street No. 150 Elizabeth (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rev. John J. Godfrey
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 Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. 8 (Month) (Day) 1876 (Year)

8. AGE: Years 68 Months 1 Days 7 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Catholic Priest
11. Industry or business
FATHER 12. Name William Godfrey
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name Bridget O'Brien
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4
16. (a) Informant Catherine Godfrey
(b) Address 1069 Garth, St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 18 44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director T. J. Finan
(b) Address 1519 So. Grand Blvd.
19. (a) APR 16 1944 (Date received local registrar) (b) J. F. Bridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1944 hour April minute 20 a M.
21. I hereby certify that I attended the deceased from Sept, 1943, to April 15, 1944 that I last saw him alive on April 14, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic degenerative myocarditis	
Due to: abscess of left lung	9 days
Due to: carcinoma of pylorus	6 months
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: operated March 12/44 Carcinoma of pylorus
Of autopsy: Same as above

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 F. R. Finnegan (M. D. or other) M.D.
Address 539 N Grand Date signed Aug 15/44

(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 Howard Rowland

Licensed Embalmer No. 3114

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.