

FILED NOV 10 1944

1003

Registration District No. 318

Primary Registration District No.

Registrar's No.

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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community 18 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 3071 Easton  
(If rural, give location) 9  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lula Goodloe

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

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 15th 1895  
(Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Howson Vassar

13. Birthplace Aberdeen 1 miss  
(City, town, or county) (State or foreign country)

14. Maiden name Viola unk

15. Birthplace Aberdeen 1 miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Archie Ingon

(b) Address 3071<sup>2</sup> Easton Ave

17. (a) Burial (b) Date thereof 10-31-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J. Randle

(b) Address 3133 Bell Ave

19. (a) OCT 31 1944 (b) [Signature]  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28,  
year 1944 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from October  
21, 1944 to October 28, 1944;  
that I last saw her alive on October 28, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Encephalopathy

Duration  
Unk.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature H. A. Egan (M. D. or other) \_\_\_\_\_

Address 260 N. Webster Date signed 10/31/44

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

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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

*H. Watson*

Licensed Embalmer No. *2698*

P. O. Address. *2769 Shorter*

**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.**