

FILED APR 18 1946
Registration District No. 318

Primary Registration District No. 1003

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

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 Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2yrs 10mos 21das.
(Specify whether years, months or days) 39 years

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 00013
(c) City or town..... St. Louis 1724
(If outside city or town limits, write "RURAL")
(d) Street No..... 107 N. 6th St
(If rural, give location) 9
(e) Citizen of foreign country?..... No (Yes or No) 1
If yes, name country.....

3. (a) PRINT FULL NAME CHARLES GOOD

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

4. Sex Male 5. Color or race white 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 November (Month) 6 (Day) 1898 (Year)

8. AGE: Years 47 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Elevator Operator

11. Industry or business

12. Name William Good

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

14. Maiden name Lena Dornbusch

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

16. (a) Informant Helena A. Angler

(b) Address 5400 Arsenal St

17. (a) Burial (b) Date thereof 4/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (e) Signature of funeral director John N. [unclear]

(b) Address 2630 Gravois Avd.

19. (a) APR 11 1946 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th
year 1946 hour 10:25 minute P. M.

21. I hereby certify that I attended the deceased from May 19 1943 to April 11 1946
that I last saw him alive on April 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death..... Pulmonary Tuberculous 1943x
Arteriosclerotic Heart Disease-1943x

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy..... Yes

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 Raymond Hoffacker M.D. (M. D. or other) M.D.
Address 5400 Arsenal St Date signed.....

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 T. Galtner

Licensed Embalmer No. 4144

P. O. Address 2630 Grosvenor

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.