

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1818425**  
Registrar's No. **4684**

**FILED** MAY 31 1946  
Registration District No. **318**

Primary Registration District No. **1003**

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

17303

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:  
1802 Division St. /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 In this community..... 20 years (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Maria Goode  
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife..... dead 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased February 4th 1875  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 3 19 18 hr. min.

9. Birthplace West Point Mississippi  
 (City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business At Home

12. Name John Goode

13. Birthplace Virginia  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Willie Tom Gunn

(b) Address 1802 Division St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/46  
 (Month) (Day) (Year)

(c) Place: burial or cremation ST PETERS CEMETERY

18. (a) Signature of funeral director C. W. Roberts

(b) Address 1416 N. Taylor ave

19. (a) MAY 25 1946 (Date received local verification) J. F. Bredeek (Registrar's signature)

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. 1802 Division St.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd  
 year 1946 hour 1 minute 30 M.  
 21. I hereby certify that I attended the deceased from Phone 157946  
May 23 1946  
 that I last saw h. alive on May 23 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis  
 Due to Chronic Rheumatoid

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

Major findings: Reprints, etc  
 Of operations.....  
 Of autopsy.....

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 J. F. Bredeek (M. D. or other) 0  
 Address 2330 8th Ave Date signed 5/23/46

Duration  
2 1/2  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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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.....

*Fulton G. Culkin*

Licensed Embalmer No. *1198*

P. O. Address *St. Louis 13, 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.**