V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1946 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 25273

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 6738

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: 3322 Delmar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 31 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 2/77
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3322 Delmar Blvd
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) y
If yes, name country .....

3. (a) PRINT FULL NAME Emma Goff
3. (b) If veteran, name war .....
7. (a) Social Security No. 487-26-2291

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joseph Goff
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May (Month) 20 (Day) 1901 (Year)

8. AGE: Years 45 Months 2 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Miss (City, town, or county) (State or foreign country)
10. Usual occupation Maid
11. Industry or business Office Bldg
FATHER
12. Name Charlie Johnson
13. Birthplace Miss (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mitchell
15. Birthplace Miss (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Goff
(b) Address 3322 Delmar Blvd
17. (a) Shipping (Burial, cremation, or removal) (b) Date thereof 8-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Cobbs Miss
18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave
19. (a) AUG 1 1946 (Date received local registrar) (b) J. R. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1946 hour 1 minute 40 P. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Coronary Occlusion (Arteriosclerosis)
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) PH
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 3
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 8/1/46

(Licensed Embalmer's Statement on Reverse Side)

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

24184

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 Louis V. Allen

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Ave

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.