7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38564

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9388

1. PLACE OF DEATH:
(a) County St. Louis . Mo
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4351 Kennerly
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town S t Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4351 Kennerly
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME McEdward, Jasper, Goodrich
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Divorcee
6. (b) Name of husband or wife Dead
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 8 (Day) — (Year)

8. AGE: Years abt-60 Months — Days — If less than one day hr. min.
9. Birthplace Allenton. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Labor
11. Industry or business
MOTHER FATHER
12. Name ~~Dead~~ Unknown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name ~~Dead~~ Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Herman Belger
(b) Address 2600 N Taylor
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2 1946 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters
18. (a) Signature of funeral director
(b) Address
19. (a) NOV 2 1946 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day Oct 1946 year hour 8 minute 30 A 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.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Coronary Sclerosis	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed 11/2/46

(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 Henry G. King, Registered Apprentice No. 398, working under my personal supervision.

Signed Lawrence E. Windsor

Licensed Embalmer No. 4341

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.