. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6407

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 1259

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community About 30 years

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. 3939 Page
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ed Gooden

3. (b) If veteran, name war none

3. (c) Social Security No. 404-05-0460

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nannie Gooden

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept. (Month) 27 (Day) 1885 (Year)

8. AGE: Years 62 Months 4 Days 7 If less than one day hr. min.

9. Birthplace ? (City, town, or county) Texas (State or foreign country)

10. Usual occupation porter

11. Industry or business Monsanto Chemical Co.

MOTHER FATHER

12. Name Unknow

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

14. Maiden name Unknow

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

16. (a) Informant Nannie Gooden

(b) Address 2629A Cole Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9, 48 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole Street

19. (a) FEB 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 31, 1948 to Feb. 4, 1948; that I last saw him alive on Feb. 4, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lungs -- Lobar Pneumonia	Unket.
Acute Bilateral Pyelonephritis	
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN

Underline the cause of 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? Means of injury

23. Signature Herbert J. Crum (M.D. or other)

Address 2601 N. Whittier Date signed 2/5/48

Jefferson City Printing Co.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.