No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6408

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1445

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: PRONOUNCED AT CITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 650

(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4573a EASTON AVE 9
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARGARET GOODENOUGH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Unk (Month) (Day) (Year)

8. AGE: Years about 76 | Months | Days | If less than one day hr. min.

9. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE 1

11. Industry or business

FATHER
12. Name ? CONNORS 4
13. Birthplace IRELAND 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARGARET MARIAN 1
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant ST VINCENT DE PAUL
(b) Address 2335 MULLANPHY

17. (a) BURIAL (b) Date thereof FEB 12-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen-Kelly
(b) Address 4386 Lindell

19. (a) FEB 11 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10th
year 1948 hour 12 minute Noon 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 Aortic & Mitral	
Due to Stenosis	
Due to 92 B	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 3
(Specify type of place)
While at work (e) Means of injury

23. Signature Patrick C Taylor (M.D. or other)
Address Dey Cr Date signed 2/11/48

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

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 Ralph W Henson

Licensed Embalmer No. 3791

P. O. Address St Louis.

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.