FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 20894

Registrar's No. 5703

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: Mo Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Hrs. (Specify whether years, months or days)
In this community Life Time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town City of St. Ann (If outside city or town limits, write "RURAL")
(d) Street No. 3521 Janice Court (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herbert J. Godwin
3. (b) If veteran, name war World War #2
3. (c) Social Security No. 497 09 2827
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gladys Godwin
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Nov. (Month) 12, (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
40	7	12	hr. min.

9. Birthplace Kirkwood (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Bus Driver
11. Industry or business
MOTHER FATHER
12. Name Harry M. Godwin
13. Birthplace Shelbina (City, town, or county) Mo. (State or foreign country)
14. Maiden name Annetta Haden
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Gladys Godwin
(b) Address 3521 Janice Court
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6)28)48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Colliers Funeral Home
(b) Address 10123 St. Charles Rd.
19. (a) JUN 24 1948 (Date received local registrar) (b) J. F. Bruecks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1948 hour 5 minute A. M.
21. I hereby certify that I attended the deceased from 23 June 1948, to 24 June 1948, that I last saw him alive on 23 June 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	24 hrs
Due to	
Due to	
Other conditions Diabetic Mellitus (Include pregnancy within 3 months of death)	1 year

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E. E. King (M. D. or other)
Address 2114 E. Broad Date signed 24 June 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 5 1948

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charle

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.