

THE DIVISION OF HEALTH OF MISSOURI

FILED APR 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 10084

BIRTH NO. 49-018120

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 2895

1. PLACE OF DEATH a. COUNTY <u>St. Louis, MO</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residency before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Mad</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		176
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Peoples Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>3117 Vine Grove Ave.,</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u>		b. (Middle) <u>Jean</u>	c. (Last) <u>Goodman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 122 49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(1)</u>	8. DATE OF BIRTH <u>3-12-49</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, mo</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Christine Goodman</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>			II. OTHER SIGNIFICANT CONDITIONS <u>157</u> <u>776</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			III. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-12</u> , 19 <u>49</u> , to <u>3-22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-22</u> , 19 <u>49</u> , and that death occurred at <u>5:02 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Edmond F. Noel M.D.</u>		23b. ADDRESS <u>2221 Locust St</u>		23c. DATE SIGNED <u>3-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>MAR 31 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>Rowland Mortuary Service</u>		
DATE REC'D BY LOCAL REG. <u>44R 31 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Lester</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u> ADDRESS <u>4104 Manchester Ave.</u>			

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**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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address.....

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

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