

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14555

State File No. ....

318

32725

|  |                                  |   |  |  |  |   |  |  |
|--|----------------------------------|---|--|--|--|---|--|--|
| BIRTH NO. _____  |                                  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. <u>MO</u>   |  | Registrar's No. _____   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY _____ |  |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u>  |                                  | c. LENGTH OF STAY (in this place) _____   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u>                              |  | 2119<br>0   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5003 Lindenwood Ave.</u>  |                                  |   |  | d. STREET ADDRESS (If rural, give location)<br><u>5003 Lindenwood Ave.</u>   |  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>MYRON</u><br>b. (Middle) <u>E.</u><br>c. (Last) <u>GODFREY</u>   |                                  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>April 23 1950</u> |  |  |   |  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED/(Specify)<br><u>Married</u>  | 8. DATE OF BIRTH<br><u>May 24, 1895</u>                          |  | 9. AGE (in years last birthday)<br><u>54</u>                               | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Painter</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Grafton, Ill.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br>_____   |  |  |
| 13a. FATHER'S NAME<br><u>James Godfrey</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Laura Elder</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Tillie Godfrey</u>   |  |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes World War I</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>494-09-1783</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Tillie Godfrey</u>   |  |   |  | ADDRESS<br><u>5003 Lindenwood Ave.</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last.</u><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 hr</u>                                     |  |  |
| 19a. DATE OF OPERATION _____   |                                  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)<br><u>St. Louis MO MO</u>  |  |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br>_____  |  |   |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19 <u>40</u> , to <u>Feb 23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-23</u> , 19 <u>50</u> , and that death occurred at <u>6:40A.m.</u> , from the causes and on the date stated above. |                                  |   |  |  |  |   |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>R. H. Chelch MD</u>   |                                  |   |  | 23b. ADDRESS<br><u>3606 Gravois</u>  |  | 23c. DATE SIGNED<br><u>Apr 24-50</u>  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 24b. DATE<br><u>Apr. 26, 1950</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Sunset Burial Park</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis Co., Mo.</u> |   |  |  |
| DATE REC'D BY LOCAL REG.<br><u>APR 25 1950</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>J. B. Baseler</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Kriegshauser 4228 S. Kingshighway Bl.</u>   |  |   |  |  |

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

MAY 24 1957

*Handwritten signature*

*Handwritten text on right margin*

JAN 15 1957

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Edwin A. M. Bennett*

Licensed Embalmer No. 3024

Signed.....  
Student Embalmer

P. O. Address.....

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.