

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35081**
Registrar's No. **9459**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo**
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Missouri**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS 2239**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hosp. #1.**

d. STREET ADDRESS (If rural, give location) **1621 MENARD**

3. NAME OF DECEASED
a. (First) **JOSEPH**
b. (Middle) **FRANKLIN**
c. (Last) **GOODWIN**

4. DATE OF DEATH (Month) (Day) (Year)
October 25, 1951

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **M**

8. DATE OF BIRTH **Nov 16 1896**

9. AGE (In years last birthday) **54**
IF UNDER 1 YEAR: Days _____ IF UNDER 24 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NIC**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **INDIANA**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **DAVE GOODWIN**

13b. MOTHER'S MAIDEN NAME **UNKNOWN**

14. NAME OF HUSBAND OR WIFE **ALBERTA GOODWIN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If res. give war or dates of service)

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: **ALBERTA GOODWIN 1621 MENARD**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the cause of dying, such as shock, fracture, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Ruptured Aneurysm of Abdominal Aorta**
ANTECEDENT CAUSES (b) **Arteriosclerotic Heart Disease**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **IX**

22. I hereby certify that I attended the deceased from **Oct. 23, 1951**, to **Oct. 25, 1951**, that I last saw the deceased alive on **Oct. 25, 1951**, and that death occurred at **3:20 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE **Vasilios Poulcos** (Degree or title) **Assistant Embalmer No. 19**

23b. ADDRESS **1515 Lafayette**

23c. DATE SIGNED **10-25-51**

24a. BURIAL CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **Oct 29-51**

24c. NAME OF CEMETERY OR CREMATORY **LAKEWOOD PARK**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

DATE REC'D BY LOCAL REG. **OCT 26 1951**

REGISTRAR'S SIGNATURE **Paul Smith No. 140**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **E. J. Schour 3125 Lafayette**

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

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.

Student
Student Embalmer

Signed.....

Joe B. Tollner

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

- 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. 35081
Local Registrar's No. 9459

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 194____, before me appears _____

_____, who, upon _____ oath, states that the original record of ^{birth} death
for Joseph Franklin Goodwin, ^{died} ~~born~~ 10-25-51, 19____, in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read 11-16-1877

Instead of _____ 1876

Item No. 9 should read Age 73

Instead of _____ 74

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Alberta Goodwin Inf
Relationship.

1621a Menard

Present Address.

Subscribed and sworn to before me this 14 day of Nov., 1951

My Commission expires 3-4-53 Ellen Padlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.