

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11123  
State File No. 11123  
Registrar's No. 389

FILED MAR 19 1952  
BIRTH NO. 24483

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 3069

Registrar's No. 389

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City 4346</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>7050a Amherst</b>	

3. NAME OF DECEASED (Type or Print) <b>Baby Boy</b>	a. (First)	b. (Middle)	c. (Last) <b>Goodman</b>	4. DATE OF DEATH <b>Feb. 11, 1952</b>	(Month) (Day) (Year)
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 10, 1952</b>	9. AGE (In years last birthday)	10 UNDER 1 YEAR Months Days 1 Hours Min.
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) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Jemome L. Goodman</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Goz</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Jerome L. Goodman-7050a Amherst</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>38 hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal obstruction &amp; gangrene of small bowel: Perforated congenital birth defect.</b>		
	II. OTHER SIGNIFICANT CONDITIONS <b>Atelelectasis - left lung. Congenital blood apt - Intestines</b>		
19a. DATE OF OPERATION <b>2/10/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>blind loop of small intestine gangrenous &amp; perforated. Peritonitis.</b>	20. AUTOPSY? YES <input checked="" 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) <b>2 10 52 8A</b>	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 **2/10, 1952**, to **2/11, 1952**, that I last saw the deceased alive on **2/11, 1952**, and that death occurred at **10:50 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. S. Cohen</b> (Degree or title) <b>M. D.</b>	23b. ADDRESS <b>15 N. Brentwood Blvd.</b>	23c. DATE SIGNED <b>2/12/52</b>
24a. BURIAL, CREMATION, OR OTHER DISPOSITION <b>Buried</b>	24b. DATE <b>2/12/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Sinai Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>2-12-52</b>	REGISTRAR'S SIGNATURE <b>Herbert A. Donker M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harman R. ...</b>	ADDRESS
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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.

Signed \_\_\_\_\_  
Student Embalmer

Signed *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, Mo*

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.