

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18033**
Registrar's No. **4580**

FILED JUN 6 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4580					
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			c. LENGTH OF STAY (In this place) 35 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			2269				
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL				d. STREET ADDRESS (If rural, give location) 26 4027 N. ELEVENTH ST.							
3. NAME OF DECEASED (Type or Print) RICHARD			a. (First)		b. (Middle) MONROE		c. (Last) GOODWIN				
4. DATE OF DEATH (Month) (Day) (Year) MAY 16, 1952		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 11, 1877			
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAR REPAIR MAN-RETIRED-ALTON R.R.		10b. KIND OF BUSINESS OR INDUSTRY BOWLING GREEN, MO			
11. BIRTHPLACE (State or foreign country) USA			12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME RICHARD GOODWIN			13b. MOTHER'S MAIDEN NAME NANCY PARKER		
14. NAME OF HUSBAND OR WIFE LULU GRACE GOODWIN			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 709-10-8879		17. INFORMANT'S SIGNATURE OR NAME LULU GRACE GOODWIN			ADDRESS 4027 N. 11TH ST.	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction						INTERVAL BETWEEN ONSET AND DEATH 18 hrs	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201							
22. I hereby certify that I attended the deceased from May 16, 1952 to May 16, 1952 that I last saw the deceased alive on May 16, 1952 , and that death occurred at 11301 km., from the causes and on the date stated above.											
23a. SIGNATURE Darius J. J. J.				0 (Degree or title)		23b. ADDRESS 3720 Washington St. St. Louis		23c. DATE SIGNED 5/16/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5-19-52		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO					
DATE REC'D BY LOCAL REG. MAY 16 1952		REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE SUED METERY SONS						ADDRESS 3934 N. 20TH ST.	

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 _____

.....
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Gustav W. Schultz

Licensed Embalmer No. _____

4379

P. O. Address _____

St. Louis, 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.