

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36405

State File No. 9397
 Registrar's No.

OCT 21 1952

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 Missouri b. COUNTY St. Louis	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 4 yrs.		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gatesworth Hotel		d. STREET ADDRESS (If rural, give location) 12 245 Union Blvd.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) HARLEN	b. (Middle) LESLIE	c. (Last) GOODWIN.	Oct. 10, 1952		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 8, 1891	9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Weirton Steel Co.	11. BIRTHPLACE (State or foreign country) Terra Alta, West Virginia		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Gordon Goodwin.		13b. MOTHER'S MAIDEN NAME Nora Jane Hill.	14. NAME OF HUSBAND OR WIFE Neva Reed Goodwin.		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 232-03-3125	17. INFORMANT'S SIGNATURE OR NAME Mrs. Neva Reed Goodwin; 245 Union Blvd.	ADDRESS
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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) Pneumonia		DUPLICATE		1 day
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Metastases		3-4 mo.
		DUE TO (c) Cancer of Stomach		6 mo.
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 Carcinoma of stomach & metastases	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 151X

22. I hereby certify that I attended the deceased from June, 1952, to Oct 10, 1953, that I last saw the deceased alive on 10-10-1953, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE Cyril Costello, M.D.	(Degree or title)	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 10-11-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 10-12-1952	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri

DATE REC'D BY LOCAL REG. OCT 11 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd.,	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 29 1957 62130

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

Arnold W. Schoene

Signed.....

Student Embalmer

Licensed Embalmer No.

3864

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.