

FILED JUL 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26391

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6567

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 4 Yrs. 7	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, Mo.		2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY INFIRMARY			d. STREET ADDRESS (If rural, give location) 13 5800 ARSENAL STREET.			
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH		b. (Middle)	c. (Last) GOODE	4. DATE OF DEATH (Month) (Day) (Year) JULY 1 53		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 1, 1870	9. AGE (In years last birthday) 83	10. UNDER 1 YEAR 10. UNDER 1 YEAR 10. UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JAMES HARBISON		13b. MOTHER'S MAIDEN NAME VIRGINIA BOWLES		14. NAME OF HUSBAND OR WIFE JOSEPH GOODE (DECEASED)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS PEARL ETLIN 62826 MISSOURI				
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) Arteriosclerotic heart disease.  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.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 420.0				
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?				
22. I hereby certify that I attended the deceased from NOV. 30, 19 48, to JULY 1, 19 53 that I last saw the deceased alive on JULY 1, 19 53, and that death occurred at 7:25 P.M. from the causes and on the date stated above.						
23. SIGNATURE (Degree or title) Pearl Etlin M.D.			23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 7-2-53	
24a. BURIAL, CREMATION, REMOVAL REMOVED	24b. DATE 7-3-53	24c. NAME OF CEMETERY OR CREMATORY ST. LUCAS PARK HILL	24d. LOCATION (City, town, or county) (State) SAPPINGTON MO			
DATE REC'D BY LOCAL REG. JUL 2 1953	REGISTRAR'S SIGNATURE J. Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kati 2906 Grand			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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

*Homer C. Dill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Broad*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.