

FILED OCT 15 1953

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1003

State File No.

9346

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> 2089	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1544 Normsby Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hosp.</u>		8	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Francis</u>	b. (Middle) <u>R.</u>	c. (Last) <u>Goodwin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Apr. 9, 1909</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Vice President</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Printing Co.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>James P. Goodwin</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret McCreath</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Mercedes Goodwin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>489-05-5383</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. Goodwin</u>	ADDRESS <u>1544 Normsby Ave.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6-8 MONTHS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIOGENIC CARCINOMA</u>		
	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 <u>3-18-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>BRONCHIOGENIC CARCINOMA</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <u>162X</u>
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22. I hereby certify that I attended the deceased from June 16, 1953, to Sept 25, 1953, that I last saw the deceased alive on Sept 25, 1953, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John A. Carran, M.D.</u> (Degree or title)	23b. ADDRESS <u>462 N. Taylor St. Louis, Mo</u>	23c. DATE SIGNED <u>9-28-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>SEP 29 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.J.C.</u>	ADDRESS <u>CENTRAL FUNERAL HOME</u>
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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.

Student
Student Embalmer

Signed

Benjamin
Licensed Embalmer No. *366*
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.