

FILED JAN 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2822

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **#1**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Caseyville</b> <span style="float: right;">8120g</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fermin Desloge</b>		d. STREET ADDRESS (If rural, give location) <b>632 Greenwood Place</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GLENNA</b>	b. (Middle) <b>B.</b>	c. (Last) <b>GOODWILL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 1 54</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12-18-1923</b>	9. AGE (In years last birthday) <b>30</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (State or foreign country) <b>Charleston, W. Virginia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Shirley Bailey</b>	13b. MOTHER'S MAIDEN NAME <b>Virginia Speck</b>	14. NAME OF HUSBAND OR WIFE <b>Arthur L. Goodwill</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>A. Goodwill</b>	ADDRESS
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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  <b>1 yr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Tumor</b>		
	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 <b>Nov. Aug. 53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Malignant Brain Tumor</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>193x</b>
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22. I hereby certify that I attended the deceased from **Nov. Aug 1953** to **Jan 1, 1954**, that I last saw the deceased alive on **12-31, 1953**, and that death occurred at **7:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank A. Palazzo MD</b>	23b. ADDRESS <b>4461 Lindell Blvd, St. Louis 11-54</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>1-2-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Strolland Cemetery Cedar Grove, St. Cl.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>JAN 2 1954</b>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hubert R. Keady, Collinsville, Ill.</b>	ADDRESS
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WRITE PLAINLY—USING UNFAADING 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.....

*Herbert P. Kasper*

Licensed Embalmer No. *6890*

P. O. Address. *Collinsville, Ill*

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.