

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10751**

BIRTH NO. **FILED APR 7 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **763**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) **Creve Couer**

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **Kirkwood 703**

c. LENGTH OF STAY (in this place) **7 Months**

d. STREET ADDRESS (If rural, give location)
402 E. Madison Ave,

3. NAME OF DECEASED
a. (First) **Adaeline** b. (Middle) **Godin** c. (Last) **Godin**

4. DATE OF DEATH **March 24 1954**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Nov, 30 1857**

9. AGE (In years last birthday) **96**

IF UNDER 1 YEAR
Months **3** Days **24**
IF UNDER 4 HRS.
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10b. KIND OF BUSINESS OR INDUSTRY
at home industry

11. BIRTHPLACE (State or foreign country)
Illinois

12. CITIZEN OF WHAT COUNTRY?
America

13a. FATHER'S NAME
Nelpha Jarvis

13b. MOTHER'S MAIDEN NAME
Theresa Chartrand

14. NAME OF HUSBAND OR WIFE
Pierre Godin

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.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mabel Telle 402 E. Madison Ave,

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Jammed aortic sclerotic**
INTERVAL BETWEEN ONSET AND DEATH **30 yrs**
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
4500

20. AUTOPSY?
YES NO

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 AT HOME AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **12-5, 1953**, to **3-24, 1954** that I last saw the deceased alive on **3-6, 1954**, and that death occurred at **7 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
J. E. Keenan M.D.

23b. ADDRESS
508 N. Grand - St. Louis Mo.

23c. DATE SIGNED
3-26-54

24a. BURIAL, CREMATION, REINTERMENT (Specify)
Burial

24b. DATE
3-27-54

24c. NAME OF CEMETERY OR CREMATORY
St. Peters Cemetery

24d. LOCATION (City, town, or county) (State)
Kirkwood Mo.

DATE REC'D BY LOCAL REG.
3/26/54

REGISTRAR'S SIGNATURE
Heather R. Van Ke...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Meyer-Pfitzinger Kirkwood 22 Mo.

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

William H. Peterson

Licensed Embalmer No. *4316*

P. O. Address *Kukui of Me*

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.