

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13474**
3326

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

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) **7y 10mo** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hospital** e. STREET ADDRESS (If rural, give location) **13 5800 Arsenal St. 2139/0**

3. NAME OF DECEASED a. (First) **Samuel** b. (Middle) _____ c. (Last) **Good** 4. DATE OF DEATH (Month) (Day) (Year) **April 12 1954**

5. SEX **male** 6. COLOR OR RACE **colored** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **single** 8. DATE OF BIRTH **March 3, 1891** 9. AGE (In years last birthday) **63** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 14 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Nil** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (City and State or Foreign Country) **Union, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Andrew Good** 13b. MOTHER'S MAIDEN NAME **Ellen ???? ?** 14. NAME OF HUSBAND OR WIFE **Single**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no none** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Helen Price** ADDRESS **3949 a. Cook 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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Generalized Arteriosclerosis**
ANTECEDENT CAUSES **with Arteriosclerotic Heart Disease**
DUE TO (b) _____
DUE TO (c) **Hydrocephalic Mental Defective.**
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 _____ 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) **420.0**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June 4, 1946**, to **April 12, 1954**, that I last saw the deceased alive on **April 12, 1954**, and that death occurred at **11:55P m.**, from the causes and on the date stated above.

22a. SIGNATURE **Delmar Bruce Borchert M.D.** (Degree or title) 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **4-13-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **4/16/54** 24c. NAME OF CEMETERY OR CREMATORY **Greenwood Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo**

DATE REC'D BY LOCAL REG. **APR 14 1954** REGISTRAR'S SIGNATURE **Carl Smith MO** 25. FUNERAL DIRECTOR'S SIGNATURE **C.W. Roberts** ADDRESS **1416 N. Taylor Ave.**

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
James A. Carter

Licensed Embalmer No. *461*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.