

FILED JUN 8 1954

STANDARD CERTIFICATE OF DEATH

State File No. 17442

BIRTH NO. REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 547 Registrar's No. 1255

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. CITY OR TOWN Kirkwood 469 3 d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 5 days		e. STREET ADDRESS (If rural, give location) 222 E. Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Frederick c. (Last) Good			4. DATE OF DEATH (Month) (Day) (Year) May 28 1954	
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 13 1899	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 3 Days 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coffee Broker	10b. KIND OF BUSINESS OR INDUSTRY Coffee	11. BIRTHPLACE (City and State or Foreign Country) 0 St Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.a.
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13a. FATHER'S NAME Maxwell S. Good	13b. MOTHER'S MAIDEN NAME Josephine Hough	14. NAME OF HUSBAND OR WIFE Dorothy Ross Good
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) Yes W.W.1	16. SOCIAL SECURITY NO. 499-34-1890	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Good 222 E. Jeff. Kirkwood, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Right Lung 2 Mo.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Metastases to bones 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. 163X			

19a. DATE OF OPERATION May 07	19b. MAJOR FINDINGS OF OPERATION Bronchocarcinoma - biopsy - Biopsy as they found node	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., at 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? None
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22. I hereby certify that I attended the deceased from **2-8**, 19**54**, to **May 28**, 19**54**, that I last saw the deceased alive on **5-28-54**, 19**54**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. B. Goodrich M.D.	23b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Mo.	23c. DATE SIGNED 5-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 31 1954	24c. NAME OF CEMETERY OR CREMATORY St. Peters Kirkwood	24d. LOCATION (City, town, or county) (State) KIRKWOOD, St. Louis, MO.
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DATE REC'D BY LOCAL REG. 5/29/54	REGISTRAR'S SIGNATURE Rebecca R. Noyes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc. Kirkwood, Mo.
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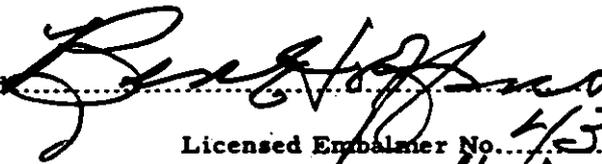
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
1954-1955

JUL 21 1954

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 .....
Licensed Embalmer No. 413

P. O. Address.....

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.