

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24588

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6303

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 OR TOWN <u>St. Louis</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2219</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>21 3038a Franklin Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Isaac</u> b. (Middle) c. (Last) <u>Goodman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 9 54</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>4-26-1905</u>		9. AGE (In years last birthday) <u>49</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>12</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Co. Glendora, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of work-life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Century Electric</u>			

13a. FATHER'S NAME <u>Prince Goodman</u>		13b. MOTHER'S MAIDEN NAME <u>Isabella Revels</u>		14. NAME OF HUSBAND OR WIFE <u>Odesa Goodman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-16-8662</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Odesa Goodman 3038a Franklin Av.</u>	

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) <u>CARCINOMA OF STOMACH</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</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>7/3/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF ENTIRE STOMACH</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>151X</u>	

22. I hereby certify that I attended the deceased from 6-18-1954 to 7-9-1954 that I last saw the deceased alive on 7-9-1954, 1954 and that death occurred at 4 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. E. Hale - M.D.</u>		23b. ADDRESS <u>822 N. Jefferson</u>		23c. DATE SIGNED <u>7/12/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Ceme.</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>III 13 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>People's Und. Co., 3100 Franklin Av</u>	
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(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
Student Embalmer

Signed W. Claude Goode

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.