

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20068

State File No. 4623

FILED JUN 30 1955

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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Robertson, Mo 7	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) R.R.#1 Box 126	

3. NAME OF DECEASED (Type or Print) a. (First) Marie Ellen b. (Middle) c. (Last) Goodman			4. DATE OF DEATH (Month) (Day) (Year) 5-25-1955		
5. SEX / Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-24-1893		9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) St. Louis, Mo 0		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Michael Cleary		13b. MOTHER'S MAIDEN NAME Ellen Kelly		14. NAME OF HUSBAND OR WIFE Max Goodman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Robert Goodman Max Goodman - R.R.#1-Box 126-	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombus in circle of Willis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) arteriosclerosis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. old myocarditis			INTERVAL BETWEEN ONSET AND DEATH 1 hr.
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19a. DATE OF OPERATION 5-27-55		19b. MAJOR FINDINGS OF OPERATION Enterocol + Rectocol		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X	

22. I hereby certify that I attended the deceased from 5:10, 1955, to 5:25, 1955; that I last saw the deceased alive on 5-24, 1955, and that death occurred at 5:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Melvin A. Fisher M.D.		23b. ADDRESS 3701 Grandel St		23c. DATE SIGNED 5-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-27-55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis	

DATE REC'D BY LOCAL REG. MAY 26 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Sullivan's Fun. Home 2849 N. Euclid	
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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

*Albert Marshall*

Licensed Embalmer No. *3077*

P. O. Address *W. Adams*

**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.