

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42098  
10784

BIRTH NO. 80885-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis |  | c. CITY OR TOWN St. Louis Mo  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hosp                              |  | e. STREET ADDRESS (If rural, give location) 5 5917 Enright 20570  |  |

|                                     |                    |                     |                   |   |
|-------------------------------------|--------------------|---------------------|-------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Richard | b. (Middle) Anthony | c. (Last) Goodson | 4. DATE OF DEATH (Month) (Day) (Year)<br>Dec 8 1955 |
|-------------------------------------|--------------------|---------------------|-------------------|---|

|             |                        |  |                               |                                      |  |                                   |   |                                  |
|-------------|------------------------|--|-------------------------------|--------------------------------------|--|-----------------------------------|---|----------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Oct 18, 1955 | 9. AGE (In years last birthday) 1 19 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo | 12. CITIZEN OF WHAT COUNTRY? USA |
|-------------|------------------------|--|-------------------------------|--------------------------------------|--|-----------------------------------|---|----------------------------------|

|                                       |  |                             |
|---------------------------------------|--|-----------------------------|
| 13a. FATHER'S NAME Richard P. Goodson | 13b. MOTHER'S MAIDEN NAME Mary Jo Kimble | 14. NAME OF HUSBAND OR WIFE |
|---------------------------------------|--|-----------------------------|

|  |                         |  |                           |
|--|-------------------------|--|---------------------------|
| 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 Richard P. Goodson | ADDRESS 5917 Enright Ave. |
|--|-------------------------|--|---------------------------|

|   |                       |  |                                  |
|---|-----------------------|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <i>Cachexia</i> | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) | <i>75ix</i> |
|--|---|-------------|

|   |                   |
|---|-------------------|
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><i>Splena Infida</i> | <i>Congenital</i> |
|---|-------------------|

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from *10/18*, 19*55*, to *12/8*, 19*55* that I last saw the deceased alive on *12/8*, 19*55*, and that death occurred at *8:55P* m., from the causes and on the date stated above.

|  |  |                                 |
|--|--|---------------------------------|
| 23a. SIGNATURE <i>J. Michael</i> (Degree or title) <i>MD</i> | 23b. ADDRESS <i>812 Olive St Louis</i> | 23c. DATE SIGNED <i>12/9/55</i> |
|--|--|---------------------------------|

|  |                      |  |  |
|--|----------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec 9 1955 | 24c. NAME OF CEMETERY OR CREMATORY Calvary | 24d. LOCATION (City, town, or county) (State) St. Louis Mo |
|--|----------------------|--|--|

|                                     |  |  |
|-------------------------------------|--|--|
| DATE REC'D BY LOCAL REG. DEC 9 1955 | REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schnur 3125 Lafayette |
|-------------------------------------|--|--|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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..

*Not Embalmed.*

Student.....  
Signature of Student Embalmer

Signed *E. J. Schuman*.....  
Licensed Embalmer No.....

P. O. Address *3125 1/2 St.*.....

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.