

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6512

State File No. ....

1087

FILED FEB 17 1956

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
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 township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3419 Gasconade St</u>				e. STREET ADDRESS (If rural, give location) <u>15 3419 Gasconade St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOMICELA</u> b. (Middle) _____ c. (Last) <u>Godell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30, 1956</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>12-24-1886</u>		
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Poland</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prisoner</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Se. Pacifica 255 3419 Gasconade St.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum</u> <u>Multiple myeloma</u> ANTECEDENT CAUSES <u>Multiple Myeloma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr 4 mo</u> <u>1 mo</u> <u>1 mo</u>	
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 <input checked="" 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 <u>Oct 1</u> , 19 <u>55</u> , to <u>Jan 30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 30</u> , 19 <u>56</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>John G. Matthews MD</u>			23b. ADDRESS <u>3707 Watson Rd.</u>			23c. DATE SIGNED <u>1-31-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>		24b. DATE <u>2/1/56</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>JAN 31 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MO Central Under R. H. Cross</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____			

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

FEB 12 1958

6916  
Sincerely

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 *J. M. Pister*

Licensed Embalmer No. 3980

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.