

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17907

State File No.

BIRTH NO. 20823-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5073

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 18 hrs.	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital			e. STREET ADDRESS (If rural, give location) 4312 Arco Avenue			
3. NAME OF DECEASED (Type or Print) Janet		a. (First)	b. (Middle)	c. (Last) Goodman	4. DATE OF DEATH (Month) (Day) (Year) May 24, 1956	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Sept 27, 1955	9. AGE (In years last birthday) 8 mos.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant - None		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edgar Goodman		13b. MOTHER'S MAIDEN NAME Mildred Bertrand		14. NAME OF HUSBAND OR WIFE Nil		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edgar Goodman, 4312 Arco Avenue..		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Ventricular septal defect ANTECEDENT CAUSES Morbid conditions, if any, giving rise to above cause (1) stating the underlying cause last. DUE TO (b) Auricular DUE TO (c) (Congenital heart disease) N. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary hypertension			INTERVAL BETWEEN ONSET AND DEATH 7 mo 7 mo	
19a. DATE OF OPERATION 5/24/56		19b. MAJOR FINDINGS OF OPERATION Ventricular septal defect.			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) (Min.)		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>5/1</u> , 19 <u>56</u> , to <u>5/24/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/24/56</u> , 19 <u>56</u> , and that death occurred at <u>2:45 P.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE C. Collins Houlton M.D.			23b. ADDRESS 1325 S. Grand St. Louis, Mo.		23c. DATE SIGNED 5/25/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-24-56	24c. NAME OF CEMETERY OR CREMATORY Cave Spring		24d. LOCATION (City, town, or county) (State) Sullivan, Mo.	
DATE REC'D BY LOCAL REG. MAY 26 1956		REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington Blvd.		

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..

Student.....
Signature of Student Embalmer

Signed *John J. Harris*.....

Licensed Embalmer No. 41

P. O. Address *A. Harris*

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.