

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32746

State File No.

FILED SEP 27 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 580 Registrar's No. 2069

1. PLACE OF DEATH a. COUNTY St. Louis		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 Rural Wellston		c. LENGTH OF STAY (In this place) 22 days	c. CITY OR TOWN Arbor Terr. 4000
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital		e. STREET ADDRESS (If rural, give location) 4313 Melba	

3. NAME OF DECEASED (Type or Print) a. (First) FRANCES b. (Middle) K. c. (Last) GODWIN	4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1956
--	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 30, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours	IF UNDER 15 MIN. Min.
----------------------	-------------------------------	---	--	---	------------------------	----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Peoria, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME Albert Pinkham	13b. MOTHER'S MAIDEN NAME Lena ?	14. NAME OF HUSBAND OR WIFE Lionel T. Godwin
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. UNK	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lionel T. Godwin, 4313 Melba, St. Louis, Mo.
---	------------------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		1 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____		Years
II. OTHER SIGNIFICANT CONDITIONS Chronic Brain Syndrome Associated with Senile Brain Disease with Psychotic		" "	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Reaction	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 8-9-, 19 56 to 8-31-, 19 56, that I last saw the deceased alive on 8-31-56, 19 , and that death occurred at 9:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE E. F. Feutz md. (Degree or title)	23b. ADDRESS 906 Olive Street	23c. DATE SIGNED 8/31/56
---	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 4, 1956	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 9-3-56	REGISTRAR'S SIGNATURE Herbert B. Donahue	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Nat'l. Bridge Blvd. 15
--	---	--

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

4:20

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.....

Licensed Embalmer No. *4186*

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.