

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33548

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 8481

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Local, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis City Hosp. #1 - 4 Days</u>		d. STREET ADDRESS (If outside, give location) <u>9 No. 9th ST.</u>	
3. NAME OF DECEASED (Type or print) First <u>EDWARD</u> Middle <u>ARTHUR</u> Last <u>GODDARD</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>8</u> Year <u>1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APR. 16 - 1884</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	
10a. FATHER'S NAME <u>WALTER GODDARD</u>		10b. MOTHER'S MAIDEN NAME <u>SARAH OLSBY</u>	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		12. SOCIAL SECURITY NO. <u>498-05-9603-A</u>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BRONCHO PNEUMONIA</u>		14. NAME OF HUSBAND OR WIFE <u>ERNEST GODDARD, 45 BUCKLEY MEADOWS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>MALNUTRITION & DEHYDRATION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>	
DUE TO (c) <u>CHRONIC ALCOHOLISM</u>		<u>491 X</u> <u>YEARS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>ANTE-MORTEM THROMBUS IN LEFT SUP. LUNG ARTERY</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>9/5/57</u> to <u>9/8/57</u> and last saw him alive on <u>9/8/57</u> Death occurred at <u>5:40 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John W. Strzech M.D.</u> (Degree or title)		22b. ADDRESS <u>1515 Lafayette Ave.</u>	
		22c. DATE SIGNED <u>9/9/57</u>	
23a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>	23b. DATE <u>9-11-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SPARK LAWN CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>LEMAI, MO</u>
24. FUNERAL DIRECTOR <u>FENDLER UND. CO</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 10 57</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u> <u>S.P.</u>

ST. LOUIS

St. Louis City Hosp. #1

Sept. 8 1922

EDWARD

EDWARD

EDWARD

1922

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

Signed *W. J. Peterson*

Signature of Student Embalmer

1922

X

1922

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

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.