

Health,
Welfare
Public
Service

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33554
STATE FILE NUMBER 7668

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY (If outside, give location) OR TOWN University City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital		d. STREET (If outside, give location) ADDRESS 6701 Bartmer Ave.	
Length of stay in lb 3-wks.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Margaret Loretto Goodsell			4. DATE OF DEATH Month Day Year August 15, 1957		
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 20, 1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 1 Days 25	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Thomas Phelan	13b. MOTHER'S MAIDEN NAME Elizabeth Sullivan	14. NAME OF HUSBAND OR WIFE Mr. George E. Goodsell
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Mr. George E. Goodsell, 6701 Bartmer Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infirmities of age DUE TO (b) General Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) +50.0		INTERVAL BETWEEN ONSET AND DEATH
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20a. ACCIDENT- SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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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
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21. I attended the deceased from 7-24-57 to 8-14-57 and last saw her alive on 8-14-57 Death occurred at 2:00 am on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>John J. Sweeney</i> (Degree or title)	22b. ADDRESS 4930 Lindell Blvd.	22c. DATE SIGNED 8-15-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 17, 1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR <i>Arthur J. Sweeney</i> ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. AUG 16 57	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> S.P.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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State of ...
County of ...
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 Francis Williams
Licensed Embalmer No. 3565
P. O. Address 3870 Lind

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 *Francis Williams*

Licensed Embalmer No. 3565
P. O. Address 3870 Lind

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.