

Health,
& Welfare
Public
Service

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46529
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 3126

S-300
-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

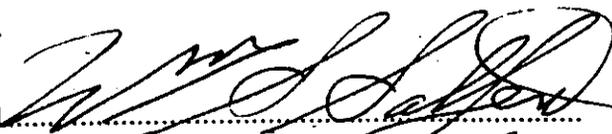
1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City 4326		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6701 Bartmer		Length of stay in 1b 65-yrs.	d. STREET ADDRESS (If outside, give location) 6701 Bartmer Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First George Middle E. Last Goodsell			4. DATE OF DEATH Month Dec. Day 10, Year 1957		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 7, 1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk, Central Engraving Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) New York		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Amos J. unknown Goodsell		13b. MOTHER'S MAIDEN NAME HARRIET R. unknown MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Margaret L. Goodsell	
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. 404-03-2720	17. INFORMANT Address Mrs. Elizabeth Dardin, 414 Erber Dr. Kirkwood		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) unknown natural causes					INTERVAL BETWEEN ONSET AND DEATH unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2954					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ 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 _____, to _____ and last saw ^{her} him alive on _____ Death occurred at _____ 11 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Herbert R. Domke, MD, Local Registrar			22b. ADDRESS 651 S. Brentwood, Clayton		22c. DATE SIGNED 1/2/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 13, 1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Arthur J. Bounelly		ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. 12-12-57	26. REGISTRAR'S SIGNATURE Herbert R. Domke MD

(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 

Licensed Embalmer No. 4699
P. O. Address 3840 Lunde

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.