

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019720

STATE FILE NUMBER

MAY 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5277

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saint Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Christian Hospital</b>		Length of stay in lb <b>Life 2059</b>		STREET ADDRESS (If outside, give location) <b>5702 Maple Avenue, 12</b>	
3. NAME OF DECEASED (Type or print) <b>CHARLES ELLSWORTH GOODMAN</b>		4. DATE OF DEATH Month <b>May</b> Day <b>17th</b> Year <b>1958</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <b>June 23rd, 1888</b>		9. AGE (In years last birthday) <b>69</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ward Keller Co.</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	
13. FATHER'S NAME <b>Charles B. Goodman</b>		14. MOTHER'S MAIDEN NAME <b>Corinne Donzeat</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-095460</b>		17. INFORMANT <b>Alice Goodman, 5702 Maple Avenue, 12</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **arteriosclerotic heart disease**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **cirrhosis of liver**  
DUE TO (c) **420.0**

INTERVAL BETWEEN ONSET AND DEATH  
**5 years**  
**2 years**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  
**1) Diabetes mellitus & 2) strangulated, gangrenous umbilical hernia**

19. WAS AUTOPSY PERFORMED?  
YES  NO  **2**

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20c. TIME OF INJURY  
Hour \_\_\_\_\_ a. m. \_\_\_\_\_ p. m.

20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20e. CITY, TOWN, OR LOCATION  
COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from **April 3, 1956** to **May 17, 1958** and last saw <sup>him</sup> alive on **May 16, 1958**  
Death occurred at **6:50 A. M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
**William H. Grundmann, M.D.**

22b. ADDRESS  
**634 N. Grand Bl. St. Louis 3**

22c. DATE SIGNED  
**5/17/58**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

23b. DATE  
**5/20/58**

23c. NAME OF CEMETERY OR CREMATORY  
**Valhalla Cemetery**

23d. LOCATION (City, town, or county) (State)  
**St. Louis County, Missouri**

24. FUNERAL DIRECTOR  
**CALVIN F. FEUTZ, 4828 Natural Bridge Bl.**

25. DATE RECD. BY LOCAL REG.  
**MAY 1958**

26. REGISTRAR'S SIGNATURE  
**Carl Smith M.D.**

Health, Welfare Public Service  
300 1-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

3:00PM Saturday Sure

File in City

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 A. M...*

Licensed Embalmer No. *416*

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.