

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

899

Do not use this space.

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1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City St. Louis (d) Street No. 1826 Nebraska Ave St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

341 Laura Annie Godlove
 (a) Residence, No. 1826 Nebraska Ave St. 23
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles L. Godlove
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 0 12
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Matthew M. Flesh 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia 7

MOTHER 15. MAIDEN NAME Susan C Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia

17. INFORMANT (ADDRESS) Dempster W. Godlove
6910 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE January 30 1939

19. FUNERAL DIRECTOR (ADDRESS) Peeetz Brothers
3029 Lafayette Ave

20. FILED JAN 29 1939 J. E. Brudick
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28 1939

22. I HEREBY CERTIFY, That I attended deceased from 20 Jan 1939 to 28 Jan 39
 I last saw her alive on 20 Jan 1939, 1939 Death is said to have occurred on the date stated above, at 7 A m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation none Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) R. D. Gardner M. D.
 (Address) 1148 Pierce Bldg
St. Louis Mo

STATEMENT BY LICENSED-EMBALMER

I, _____, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank J. Owens

Licensed Embalmer No. 2245

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.)