

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32370

State File No. \_\_\_\_\_  
Registrar's No. 2357

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 551

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		c. CITY OR TOWN <b>University City</b>	
c. LENGTH OF STAY (in this place) <b>19 years</b>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6910 Washington Blvd</b>		e. STREET ADDRESS (If rural, give location) <b>6910 Washington Blvd</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>DEMPSTER</b>	b. (Middle) <b>W.</b>	c. (Last) <b>GODLOVE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 6, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 15, 1880</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>insurance agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Aetna Insurance Co</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Charles Louis Godlove</b>	13b. MOTHER'S MAIDEN NAME <b>Laura A. Flegsh</b>	14. NAME OF HUSBAND OR WIFE <b>Edith H. Godlove</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>490-36-3150</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edith H. Godlove-6910 Washington Blvd</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Myocardial Infarction.</b> rise to the above cause (a) stating the underlying cause last.		<b>Aug. 1954</b>
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4200</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 1935, 19, to Oct. 6,, 19 54, that I last saw the deceased alive on Oct. 5,, 19 54, and that death occurred at 3 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>F.R. Ferguson</b> (Degree or title)	23b. ADDRESS <b>539 North Grand, St. Louis, 3</b>	23c. DATE SIGNED <b>10/7/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>10-9-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10/7/54</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Amick</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b>	ADDRESS <b>7233 Delmar Blvd</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 7 1958

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 *Clarence A. Murr*

Licensed Embalmer No. *4011*  
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.