

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

Do not use this space.

29503

File No. \_\_\_\_\_  
Registered No. **8683**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County..... Registration District No. **7301**  
Township..... Primary Registration District No. **10003**  
City **St. Louis Mo.** (No. **5740 Cates Ave.**)

**2. FULL NAME** **Mr David Samuel (Woodman.) Woolman**  
(a) Residence. No. **5740 Cates Ave.** St. **5** Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) **Married**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) **8-23 1929**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** **Mrs Annice Woolman.**

**17. I HEREBY CERTIFY**, That I attended deceased from **8/20**, 19**29**, to **8/23**, 19**29**, that I last saw **him** alive on **8/23**, 19**29**, and that death occurred, on the date stated above, at **12:30 P.M.**

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) **OCT 25-1880**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
**Lobes Pneumonia**

**7. AGE** **48** YEARS **9** MONTHS **28** DAYS  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**CONTRIBUTORY (SECONDARY)** \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. **4** ds.

**8. OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work **R.R. Express Clerk.**  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**CONTRIBUTORY (SECONDARY)** \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**9. BIRTHPLACE** (CITY OR TOWN) **Indiana.**  
(STATE OR COUNTRY)

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

**10. NAME OF FATHER** **Charles Woolman.**  
**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) **Indiana.**  
(STATE OR COUNTRY)  
**12. MAIDEN NAME OF MOTHER** **Eva Slough.**  
**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) **Indiana.**  
(STATE OR COUNTRY)

**DID AN OPERATION PRECEDE DEATH?** \_\_\_\_\_ **DATE OF** \_\_\_\_\_

**WAS THERE AN AUTOPSY?** \_\_\_\_\_  
**WHAT TEST CONFIRMED DIAGNOSIS?**  
(Signed) **B. Thaeblin**, M. D.  
**8/23, 1929** (Address) **1574 So Jefferson**

**14. INFORMANT** **Annice Woolman.**  
(Address) **5740 Cates Ave.**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**15. FILED** \_\_\_\_\_, 19 **29**  
**Wm C Starbuck**  
REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **Memorial Park**  
**20. UNDERTAKER** **Wm W McLaughlin**  
**DATE OF BURIAL** **8-26 1929**  
**ADDRESS** **1431 Missouri Ave**

Exact statement of OCCURRENCE is very important. DEATH in plain terms, so that it may be properly classified. 2

