

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 785 File No. 26260  
 Township Bonhomme Primary Registration District No. 603 Registered No. 154  
 City Newarkwood (No. Meramec River at Gray Creek St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Leslie Eugene Woods  
 (a) Residence, No. 4401 Vista Ave St., \_\_\_\_\_ Ward. St. Louis  
 (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**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
10 5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Mo

13. NAME Joseph Woods

14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Maggie Bollinger

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Joseph Woods (ADDRESS) 4401 Vista

18. BURIAL, CREMATION, OR REMOVAL PLACE Mme La Motte DATE 7-8-1934

19. UNDERTAKER Louis N. Bopp (ADDRESS) Newarkwood

20. FILED July 7<sup>th</sup> 1934 Agnes C. Kelly Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4-1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Accidental drowning, Meramec River, was out trying to swim, struck deep gravel pit, water 22 ft. deep. Not knowing how to swim, immediately sank, when he

Other contributory causes of importance: hit this deep water. Drowned about three o'clock in the afternoon, July 4th. Was taken

Name of physician \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Coroner's view Was there an autopsy? YES

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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) Lester J. Turner

\_\_\_\_\_ (Address) 3718 Jennings, Rd.  
Coroner, St. Louis, Mo. 7/6/34

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

out next morning by professional divers.  
This accident happened in Bonhomme township,  
known as Shady beach, St. Louis County, Mo.