APR 11 1936

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

Do not use this space.

12632

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. St Lukes Hospital St. ..... Ward)

File No. .....

Registered No. 2667

2. FULL NAME Mary F Woods

(a) Residence, No. 452 West Court St., N R Ward. University City
(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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ambrose James Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	6	9	

OCCUPATION

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

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La

FATHER

13. NAME Henry Guffithes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Theo S. Koch 452 West Point Court

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE Mar 11 1936

19. UNDERTAKER (ADDRESS) Alexander and Sons 6145 Delmar

20. FILED MAR 10 1936 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25th, 1936, to March 9th, 1936

I last saw her alive on March 9, 1936. Death is said to have occurred on the date stated above, at 5 P m.

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

	Date of onset
Carcinoma of ascending colon. (2) Intestinal obstruction	

Other contributory causes of importance: Arteriosclerotic heart disease (auricular fibrillation)

Name of operation Pliocolostomy Date of Feb 28

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) W Alexander S. [signature] M. D.

(Address) Webster Grove

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.