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

Do not use this space.

FEB 8 1937

File No. 4303

Registered No. 1367

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City St. Louis, (No. City Hospital No. 1 St. ..... Ward)

B. 15170

2. FULL NAME Frank Woodruff

(a) Residence, No. 701 a Lami St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: male

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1859

7. AGE: Years 77 | Months 8 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 COUNTY) Missouri

FATHER

13. NAME Benjamin Woodruff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) ? 31

MOTHER

15. MAIDEN NAME Sally ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) ? 31

17. INFORMANT (ADDRESS) Hosp. Info. M. H. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elvins, Mo. DATE 1/30 1937

19. UNDERTAKER (ADDRESS) S. Hoffmeister 7814 S Broadway

20. FILED JAN 30 1937 19 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/28/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/19/38, 19, to 1/28/37, 19

I last saw him alive on 1/28/37, 19 Death is said to have occurred on the date stated above, at 10.50 a

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

Degenerative heart disease — Date of onset

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Other contributory causes of importance:

Name of operation ..... 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? .....

If so, specify .....

(Signed) Geo. Seibold, M. D.

(Address) City Hospital No. 1

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.

WRITE PLAINLY WITH PEN OR PENCIL. DO NOT FOLD. INK—THIS IS A PERMANENT RECORD

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