

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

Do not use this space.

DEC 13 1937

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File No. **10138**
Registered No. **10138**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis, Mo. (No. Bethesda Hospital)

2. FULL NAME Gerald Stevenson Woods

(a) Residence, No. 4414 Wabadiel St. 10 Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 25, 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) St. Louis (STATE OR COUNTRY) Missouri

MOTHER
13. NAME Henry Stevenson Woods

14. BIRTHPLACE (CITY OR TOWN) Galva (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Thelma Lee Coase

16. BIRTHPLACE (CITY OR TOWN) Silex (STATE OR COUNTRY) Missouri

17. INFORMANT Father H. H. Woods (ADDRESS) 4414 Wabadiel

18. BURIAL, CREMATION, OR REMOVAL PLACE Silex, Mo. DATE October 31st 1937

19. UNDERTAKER Albert H. Hoppe Inc. (ADDRESS) 429 N. Euclid Ave. St. Louis

20. FILE NO. **NOV 11 1937** J. F. Bredack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31 1937
22. I HEREBY CERTIFY, That I attended deceased from 10-25 1937 to 10-31 1937
I last saw him alive on 10-30 1937 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Congenital deformities Date of onset birth
1) Heart
2) Cystic kidneys
3) Hydrocephalus

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) W. D. Puley, M. D.
(Address) 4660 Maryland

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.

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