

REC'D-MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo.(No. 1106 Pendleton)File No. 5121Registered No. 1766

St. Ward)

2. FULL NAMEBaby Woods(a) Residence, No. 1106 Pendleton

(Usual place of abode)

St. 11 Ward.

(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****4. COLOR OR RACE****5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word)

Not determined Black

21. DATE OF DEATH (MONTH, DAY, AND YEAR)2-13-38

, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**22. I HEREBY CERTIFY**, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 6:15 a.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)February 13, 1938**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

Date of onset

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) (STATE OR COUNTRY)St. Louis, Mo.

FATHER

13. NAME Otto David Woods**14. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY)Little Rock, Ark.

MOTHER

15. MAIDEN NAME Beatrice Rice**16. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY)Little Rock, Ark.**17. INFORMANT** (ADDRESS)Otto David Woods
1106 Pendleton**18. BURIAL, CREMATION, OR REMOVAL**PLACE W.U. Dept of PathDATE 2-13-38

, 19

19. UNDERTAKER (ADDRESS)Washington Univ.
Anatomical Board**20. FILED**FEB 19 1938

Registrar.

Name of operation..... Date of.....

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) H. Hauptman, M. D.(Address) 630 S. Kingshighway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

9921

1766