

11 1938  
 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.

REC'D AUG 9 1938

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

26433  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township Clayton Primary Registration District No. 101  
 (c) City Clayton (d) Street No. St. Louis County Hosp. Registered No. 1182  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ethyl Woody  
 (a) Residence, No. 7017 Page Blvd. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl Woody

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 10 5

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as 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) Nebraska

FATHER  
 13. NAME Frank Pence  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

MOTHER  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

17. INFORMANT (ADDRESS) Carl Woody  
7017 Page Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Lebanon DATE July 12, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. Moydell  
1926 Allen Ave.

20. FILED JUL 11 1938 TOR Mejor P. D. D.  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/1/38, 1938, to 7/10/38, 1938.  
 I last saw her alive on 7/10/38, 1938. Death is said to have occurred on the date stated above, at 12:50A.M.  
 The principal cause of death and related causes of importance were as follows:  
Unreined peritonitis  
Ruptured appendix  
121

Other contributory causes of importance:  
Ant. phrenic atresia (?)  
Pericarditis (?)

Name of operation Drainage abdomen Date of 7-9-38  
 What test confirmed diagnosis? — 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? no  
 If so, specify —  
 (Signed) George W. Fowler, M. D.  
 (Address) St. Louis Co Hospital

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Bery C. Duncan

Licensed Embalmer No. 3272

P. O. Address 1926 Allen

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**