

NOV 16 1938

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

34107
Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. **791**
 (b) Township Primary Registration District No. **1008** Registered No. **9093**
 (c) City **St. Louis** (d) Street No. **En route City Hosp. No. 1.** St.
 (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 **Burt Woodson**

(a) Residence, No. **946 Belt** St. **5** (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 **Male** 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 **Clara Woodson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 30, 1885**

7. AGE YEARS **53** MONTHS **3** DAYS **16** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Mechanic**
 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) **Old Monroe** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Columbus Todd Woodson**

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

MOTHER 15. MAIDEN NAME **Camille Admire**

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

17. INFORMANT **Clara Woodson** (ADDRESS) **946 Belt**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Zion Cemetery** DATE **Oct, 19, 1938**

19. FUNERAL DIRECTOR (NAME) **Brehmann & Haral** (ADDRESS) **1905 Union Blvd.**

20. FILED **OCT 19 1938** **J. P. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending physician
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 16, 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **8:00 AM**
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.

Date of onset

Other contributory causes of importance:

Chronic Parasympathetic Nephritis

Name of operation Date of
 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 **See above**
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **Chronic Myocarditis** (Signed) **W. J. Perry** M.D.
 (Address) **Deputy Coroner**

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.

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 *R. M. Sanford*
Licensed Embalmer No. 2273
P. O. Address *Home*

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.