

6 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.

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

36797

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Normandy Primary Registration District No. 202
(c) City Lyndhurst (d) Street No. 2638 Lyndhurst Registered No. 1610
(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

Martin P. Woods
(a) Residence, No. 2638 Lyndhurst 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28-1901

7. AGE YEARS 36 1/2 MONTHS 10 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as saw mill, bank, etc. Woods Pack CO.
10. Date deceased last worked at this occupation (month and year) 10/3 11. Total time (years) spent in this occupation 10 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. St. Louis, Ill.

FATHER 13. NAME Cornelius Woods
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Mary Ward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) John Woods
9022 Baroda Overland, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Oct. 8, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) BAUMANN BROS, INC
2504 Woodson Rd. Overland20. FILED OCT 6 1938 J. K. Meyer, M. D., M. P. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4th, 1938 to Oct. 5, 1938
I last saw him alive on Oct. 4, 1938 Death is said to have occurred on the date stated above, at 12:10 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset 10/5

Other contributory causes of importance:

Name of operation Symptoms Date of no
What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19no
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Lobar pneumonia M. D.

(Signed) J. K. Meyer (Address) 6753 Page 1

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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.