

4030 Chouteau

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

DECEMBER 12 1938

37792

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. St. John's Hospital Registered No. 10119
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 3 1/3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Herchel Woodward Woodward

(a) Residence, No. N.R. St. Salem, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Dolly Woodward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 7 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
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) Dent County Mo.

FATHER 13. NAME Harley Woodward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent County Mo.

MOTHER 15. MAIDEN NAME Millie Woodward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent County Mo.

17. INFORMANT Dollie Woodward
(ADDRESS) Salem Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Mo DATE 11-23-38

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe, Inc.
(ADDRESS) 4700 Washington Blvd

20. FILE NO. NOV 22 1938 J. J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22/ 19 38

22. I HEREBY CERTIFY, That I attended deceased from Nov 20th, 1938, to Nov 22, 1938

I last saw him alive on Nov 21st, 1938 Death is said to have occurred on the date stated above, at 6³⁵ a.m.

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

Intestinal Obstruction
Lobar Pneumonia
Cause unknown
Non malignant

Date of onset

11-1511-20Other contributory causes of importance: 108

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray 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? No

If so, specify _____

(Signed) W. E. Matlock, M. D.(Address) 4030 Chouteau av

Hobson
-
Grantman

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 *Albert S. Dwyer*

Licensed Embalmer No. *3971*

P. O. Address.....

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.