

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH413
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003 Registered No. 413
 (c) City St. Louis (d) Street No. Peoples Hospital 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

Welda Woodbridge
 (a) Residence, No. 4210 Pecador St. 14 (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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Heroy Woodbridge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 1913</u>		
7. AGE <u>25</u>	YEARS <u>8</u>	MONTHS <u>—</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as saw mill, bank, etc. <u>Hook.</u>
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) <u>St. Louis, Mo.</u>		
13. NAME <u>Bennie Taylor</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Heroy Woodbridge</u> <u>1710 Woodford St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>Jan 14 1939</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Gordon Jewell</u> <u>2649 Alameda</u>		
20. FILED 19 <u>39</u> Local Registrar. <u>J. B. Buehler</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/10 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/15 1938 to 1/10 1939
 I last saw her alive on 8/15 1939. Death is said to have occurred on the date stated above, at 2A m.
 The principal cause of death and related causes of importance were as follows:
Acute Generalized Peri-tonitis (non purulent) Date of onset about 10 days
Acute Nephritis & Anuria (operation for fibroadenoma non malignant) Date of onset about 8 days
 Other contributory causes of importance:
Appendicitis Date of operation April 1938
 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) E. J. Taylor, M. D.
 (Address) 3736 W. Main

STATEMENT BY LICENSED EMBALMER

I, W. Claude Gordon, Licensed Embalmer No. 3489

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed W. Claude Gordon

Licensed Embalmer No. 3489

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.)