

MAY - 3 1939

MAY 11 1939

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

16064  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township Clayton Primary Registration District No. 121

(c) City Clytton (d) Street No. St. Louis Co. Hospital Registered No. 799

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 363 Clarence Woodyard

(a) Residence, No. 6116A Bartmer Ave., St.

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1925.

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

14 3 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School-boy

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) Illinois

13. NAME Brooks R. Woodyard

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

15. MAIDEN NAME Susie Peifer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Brooks R. Woodyard (ADDRESS) 6116A Bartmer Ave.,

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem., DATE May 4/39.

19. FUNERAL DIRECTOR Jos. W. Clark (ADDRESS) 1125 Hodiament Ave.,

20. FILED MAY - 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1/39.

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ 9.50PM

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

Railroad Train Accident. Date of onset 5/1/39  
Struck by a locomotive while a pedestrian at a grade crossing.

Other contributory causes of importance: 207m  
30

Fractured skull, fractured ribs, multiple fractures; multiple hemorrhages. Date of 5/1/39

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? physical signs an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 5/1/39

Where did injury occur? St. Louis County, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by locomotive.  
 Nature of injury Multiple fractures.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) John C. Council M. D.  
 Coroner of St. Louis County, Mo. (Address) \_\_\_\_\_

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, Jos. W. Clark, Licensed Embalmer No. I66I.

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

*Jos. W. Clark*

Licensed Embalmer No. I66I

**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.)**