

1939 JUL 12 1939

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

20323
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **781**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** or (d) Street No. **City Hospital 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

Amos L. Woodland
 (a) Residence, No. **Father Dempsey Home 35** (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 **single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wife**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 27, 1860**
 7. AGE YEARS **78** MONTHS **9** DAYS **10** If LESS than 1 day, hrs. or min.

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. **nil**
 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) **Missouri**

13. NAME **William Woodland**

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

15. MAIDEN NAME **Mary Ann ?**

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

17. INFORMANT **Hosp. Info. M. Kent** (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Robertson Mo** DATE **6-9 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Casey & Co St. Louis Mo**

20. FILED **JUN 8 1939** **J. F. Bedech Local Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/7/39**, 19
 22. I HEREBY CERTIFY, That I attended deceased from **5/30/39**, 19... **6/7/39**, 19...
 I last saw him alive on **6/7/39**, 19... Death is said to have occurred on the date stated above, at **9.45 AM**
 The principal cause of death and related causes of importance were as follows:

Basal Carcinoma of Mouth
Atherosclerotic Heart Disease
 Date of onset
 Other contributory causes of importance:
WJ

Name of operation Date of
 What test confirmed diagnosis? 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?
 If so, specify (Signed) **William Sapsis**, M. D.
 (Address) **City Hospital No. 1**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address Atkins 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.