

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

23939  
Do not use this space.

6870 AUG 11 1939

PLACE OF DEATH

(a) County..... / Registration District No..... **791**  
 (b) Township..... / Primary Registration District No..... **1003** Registered No..... **6212**  
 (c) City..... **St. Louis, Mo.** (d) Street No..... **City Infirmary** St.  
 (e) Length of residence in city or town where death occurred **56** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **363 Nancy Woodward**  
 (a) Residence, No..... **5800 Arsenal** St. **13** (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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Unknown</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>? ? 1857</b>		
7. AGE	YEARS <b>82</b>	MONTHS <b></b>
	DAYS <b></b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Seamstress</b>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Birmingham, Ala.</b>		
FATHER	13. NAME <b>Unknown</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <b>J.G. Sullivan 5800 Arsenal St.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>City Crem</b> DATE <b>JUL 14 1939</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>J. Ryan City Infirmary</b>		
20. FILED <b>JUL 14 1939</b> <b>J. Buchanan</b>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 9, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **April 23, 1936** to **July 9, 1939**  
 I last saw her alive on **July 9, 1939** Death is said to have occurred on the date stated above, at **10:45 P.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Coriaca**  
**Arteriosclerosis**  
 Other contributory causes of importance:  
**Diabetes mellitus**

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **yes**

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. Green**, M. D.  
 (Address) **St. Louis, Mo.**

WRITING PAPER, 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.

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**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.....

Licensed Embalmer No.....

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.**