

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27475

State File No.

6975

SEP 14 1939 791

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Homerphillips Hospital
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homerphillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME

IDA GREEN WOODSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race negro

6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife James Woodson

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Oct. 1919

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

19

10

—

hr. min.

9. Birthplace

ST. LOUIS MO.

(City, town, or county) (State or foreign country)

10. Usual occupation

1 day house

11. Industry or business

MOTHER FATHER

12. Name

Ernest Green

13. Birthplace

ST. LOUIS MO.

(City, town, or county) (State or foreign country)

14. Maiden name

Stella Rogers

15. Birthplace

ST. LOUIS MO.

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eugene Green

(b) Address 920 Lombard St

17. (a) 13 burial

(b) Date thereof 8/12-1939

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

634 Burkro

18. (a) Signature of funeral director W. J. Burkro

(b) Address 16-14 S 3 St

19. (a) AUG 11 1939

(b) J. J. Brudick

(Date received local registrar)

(Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County 1
 (c) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 311a Gratiot St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day August
 year 1939 hour 2:55 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: First, 2nd, & 3rd degree burns of body from head to knees, suffered about 2:10 P.M., August 2nd, 1939, in home at 311 Gratiot St., no damage to building, \$5.00 to contents to tents, when kerosene was poured over deceased and later ignited by

Other conditions match
 (include pregnancy within 3 months of death)

WHETHER SUICIDALLY, ACCIDENTALLY, OR HOMICIDALLY CAUSED

Major findings: NOT BE DETERMINED

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence August 2nd, 1939
 (c) Where did injury occur? St. Louis, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
 (Specify type of place) (e) Means of injury 1

23. Signature Alfred Perry (M. D. or other) _____
 Address Superior Date signed 8-11-39

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 L. V. Atkins, Registered Apprentice No. _____ working under my personal supervision.

Signed L. V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Jimmie

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.