

REGD NOV 13 1939 791
1038

Registration District No. 1038 Primary Registration District No. _____ Registrar's No. **8454**

1. PLACE OF DEATH:
(a) County St. Louis mo 2
(b) City or town St. Louis mo
(c) Name of hospital or institution:
1625 Franklin Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Days (Specify whether
In this community years, months or days)

8. (a) PRINT FULL NAME Baby Woodland
3 1/5
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color Col 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 2 1939
(Month) (Day) (Year)

8. AGE: Years 3 mo Months _____ Days _____ If less than one day hr. _____ min. 15

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Willie Woodland
13. Birthplace St Louis (City, town, or county) (State or foreign country)
14. Maiden name Roberta Pearson
15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Willie Woodland
(b) Address 1625 Franklin Ave

17. (a) _____ (b) Date thereof 9-12-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutger

19. (a) OCT 3 1939 (b) _____
(Date received local registrar) (City, town, or county)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 1
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1625 Franklin (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 2
year 1939 hour 11 minute 25 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous Abortion
Placental infarction

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
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 _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
28. Signature Alfred Perry (M. D. or other) _____
Address Albany Date signed 9/5/39

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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.