

34436

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

8974

Registration District No.

Primary Registration District No.

791
1003

NOV 13 1939

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1136 A TALMAGE AV.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS 18
(If outside city or town limits, write "RURAL")
(d) Street No. 1136 A TALMAGE AV.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME KENNETH D. WOODS.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT. 22 1918
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 0 29 hr. min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

12. Name ELVIS MAY WOODS

13. Birthplace MO.
(City, town, or county) (State or foreign country)

14. Maiden name ANNA KIPPER

15. Birthplace MO.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Woods

(b) Address 1136 A Talmage

17. (a) BURIAL (b) Date thereof OCT. 24 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW PICKENS

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette av.

19. (a) OCT 27 1939 (b) _____
(Date signed by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1939 hour 4 minute 05 P.M.

21. I hereby certify that I attended the deceased from Oct 19 1939
Oct 19, 1939, to Oct 21, 1939
that I last saw him alive on Oct 21, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

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) _____ (Means of injury)

23. Signature Chas. C. Hancock M.D. (M. D. or other)

Address 3157 1/2 Park av Date signed 10/21/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39

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.....

Joe B. Hollman

Licensed Embalmer No. *4014* *10/21*

P. O. Address *3125 Lafayette Ave*

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.