DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1940

Registration District No. 1491

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 353

Primary Registration District No.

Registrar's No. 353

1. PLACE OF DEATH: 1003 2

(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: 5771 Delor St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 14 (If outside city or town limits, write "RURAL")

(d) Street No. 5771 Delor St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry J. Woodson

3. (b) If veteran, name war World War

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April (Month) 2 (Day) 1887 (Year)

8. AGE: Years 52 Months 9 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Barber

FATHER 12. Name Jasper H. Woodson

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

MOTHER 14. Maiden name Mary E.

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

16. (a) Informant's own signature Martha Woodson

(b) Address 5771 Delor St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-40 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Kieshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) JAN 12 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th year 1940 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from Jan 8, 1940, to Jan 10, 1940, that I last saw him alive on Jan 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CORONARY THROMBOSIS	3 DAYS
Due to Old rib injury with displacement & probable injury to heart undoubtedly	
Due to contributed to this condition	
Other conditions arteriosclerotic heart disease (Include pregnancy within 3 months of death)	
Partial pneumothorax (traumatic)	

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? (Specify type of place)

While at work (e) Means of injury

23. Signature Bruce Lengnard (M. D. or other)

Address 3720 Washington Blvd Date signed 1-11-40

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin D. McDerman

Licensed Embalmer No 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.