

FILED MAR 23 1940

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
(Specify whether  
In this community Unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2918 Lucas  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14  
year 1940 hour 8:45 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from  
January 28, 1940, to February 14, 1940;  
that I last saw him alive on February 14, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration 8-9yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Chr. Nephritis & Uremia Unk  
(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) (e) Means of injury \_\_\_\_\_  
23. Signature H. J. Lyman (M. D. or other)  
Address 2609 N Whittier Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME 32 Robert Woodson

8. (b) If veteran None name war \_\_\_\_\_ 8. (c) Social Security No. None

4. Sex Male 5. Color or race Cal. 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Maggie 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: 6 (Month) 10 (Day) 1986 (Year)

8. AGE: Years 53 Months 8 Days 4 If less than one day \_\_\_\_\_ min.

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

10. Usual occupation Miner and Janitor

11. Industry or business Coalmines, Artwork

12. Name Robert Woodson Jr.

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

14. Maiden name Winfred

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

16. (a) Informant Catherine Barry  
(b) Address 2918 Lucas

17. (a) Burial (b) Date thereof 2 19 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. W. Bruce  
(b) Address 1003 W Garrison  
19. (a) FEB 17 1940 (b) J. P. Breda  
(Official record date) (Registrar's initials)

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

**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 \_\_\_\_\_

William C. McDowell, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed W.C. McDowell

Licensed Embalmer No. 2114

P. O. Address 3506 Franklin 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.**