

FB 4-1940  
V. S. No. 2  
M-11-10-39  
Rev. 5-17-39  
I X21492

8045 ✓

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 248

FILED MAR 7-1940

Registration District No. 784 Primary Registration District No. 101

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

96  
22

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Clayton  
(c) Name of hospital or institution: St. Louis County Hospital  
(d) Length of stay: In hospital or institution 9 days  
In this community 2 years

3. (a) PRINT FULL NAME Alvenia Woods  
(b) If veteran, name war No. (c) Social Security No. None

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife John Woods  
6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased May 2 1891

8. AGE: Years 48 Months 9 Days 1 If less than one day

9. Birthplace Ark.

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Sol King

13. Birthplace Ark.

14. Maiden name Mary Davis

15. Birthplace Ky.

16. (a) Informant John Woods

(b) Address Chesterfield, Mo.

17. (a) Removal (b) Date thereof 2/5/40

(c) Place: burial or cremation Gumbo, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 1700 Washington Ave

19. (a) (Date received local registrar) \_\_\_\_\_ (b) Registrar's signature \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Gumbo  
(d) Street No. Highway 61 & Long Rd.  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3  
year 1940 hour 2 minutes 00 A. M.

21. I hereby certify that I attended the deceased from 1-25-40  
to 2-3-40  
that I last saw her alive on 2-3-40  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Due to Hypertensive Heart Disease

Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature Dianna D. Dunbar (M. D. or other) M.D.  
Address St. Louis County Hospital Date signed 2-3-40

**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 Guy W. Wilkins  
Licensed Embalmer No. 3575

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.**