V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9026

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2509

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:
City Hospital #1
(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 Missouri (b) County

(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1421 Hogan Street
(If rural, give location)

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

3. (a) PRINT FULL NAME William 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 Widowed

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased May (Month) 16 (Day) 1871 (Year)

8. AGE: Years 68 Months 9 Days 28 If less than one day hr. min.

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

10. Usual occupation Salesman (unemployed)

11. Industry or business Unknown

FATHER
12. Name Leandes Woods
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Irene A. Young
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Irene A. Woods
(b) Address Chicago, Ill.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-14-40 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) MAR 15 1940 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1940 hour 4 minute 00 A.M.

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

Immediate cause of death Lobar Pneumonia — Duration
Fractures of 2nd + 3rd Ribs
Fracture of Humerus
Due to Suffered when deceased fell on the sidewalk on
Due to front of about 907 Wa
Vanderventer on
Other conditions Married 1 Sept 1940
(Include pregnancy within 3 months of death)
at about 4:00 P.m.
Major findings:
Of operations
Accident
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) Accident
(b) Date of occurrence 1940 3 14
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury Fall

23. Signature Alfred Berry (M. D. or other)
Address Deputy Coroner Date signed 3.14.40

(Licensed Embalmer's Statement on Reverse Side)

2509

2509

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 Albert N. Kappe

Licensed Embalmer No. 1861

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.