

Registration District No. **791** Primary Registration District No. **1003**

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:
4422 Arsenal
(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)

8. (a) PRINT FULL NAME **Lena Woolsey**
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Mar.**
6. (b) Name of husband or wife **Samuel J. Woolsey** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **Oct. 28, 1887**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	4	21	hr. _____ min.

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

10. Usual occupation **Housework at home**

11. Industry or business _____
12. Name **Wm. Strother**
13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Dabbs**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hazel Woolsey**
(b) Address **4422 Arsenal**

17. (a) **Cremation** (b) Date thereof **3-23-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mo. Crematory**

18. (a) Signature of funeral director **Modern Funeral Home**
(b) Address **6322 S. Grand Blvd.**

19. (a) **MAR 21 1940** (b) **J. B. Black**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis** **16**
(If outside city or town limits, write "RURAL")
(d) Street No. **4422 Arsenal**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **20th**
year **1940** hour **2am** minute _____ M.

21. I hereby certify that I attended the deceased from **Jan. 2nd 1940** to **Mar. 20th 1940**.
that I last saw her alive on **30 Mar. 1940** and that death occurred on the day and hour stated above.

Duration _____
Immediate cause of death **Haemoptysis non-tubercular**
sub acute Bronchitis
Due to _____
Due to **Remote - an old**
tubercular focus
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy **106a**
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? _____ (2) Means of injury _____

23. Signature **J. W. Powell** (M. D. or other) _____
Address **420 Wilmington** Date signed **3/21/40**

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Vergil L. Berryman
Licensed Embalmer No. 14018
P. O. Address St. Louis Mo.

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.