

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4272

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 Hosp. #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Dorothy Woods 320

3. (b) If veteran, name war none 3. (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 James Woods 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>Abt. 38</u>			<u>1</u> hr. <u></u> min.

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

10. Usual occupation Housewife

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

12. Name Unk.

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

14. Maiden name Unk.

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

16. (a) Informant's own signature Jos. M. Quinn

(b) Address Coroner's Office

17. (a) burial (b) Date thereof 5-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Petz Bros.

(b) Address 3029 Lafayette Av.

19. (a) MAY 14 1940 (b) J. F. Braddock  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis 25  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1318a Franklin Av.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day April  
 year 1940 hour 7.00 minute \_\_\_\_\_ P. 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 1st 2nd & 3d degree burns of head, face, chest and body, suffered in fire at 1318a Franklin Av. on or about 11:50 A.M. April 11, 1940 Cause of origina of fire undetermined Damage to Building \$300.00; Contents \$200.00 ACCIDENT.

Other conditions \_\_\_\_\_  
(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) Accident

(b) Date of occurrence 4/11/40

(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? Home

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature Jos. M. Quinn (M. D. or other) \_\_\_\_\_

Address Coroner's Office Date signed 4/14-1940

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 Frank J. Owen

Licensed Embalmer No. 2245

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.**