

AUG 25 1940 791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23923

State File No.

1003

Registration District No.

Primary Registration District No.

Registrar's No.

6368

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  
4037A CLEVELAND AV.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4037A CLEVELAND AV.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME LEO. A. WOODS. 320

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SUE WOODS 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased APRIL 19 1886  
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MISSOURI - 0  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED 9

11. Industry or business TAVERN OWNER 9

12. Name WOODS 9

13. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_ 9

15. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Sue Woods

(b) Address 4037A Cleveland Av

17. (a) BURIAL (b) Date thereof 7-30-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schum

(b) Address 3125 Lafayette Av

19. (a) JUL 29 1940 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27  
year 1940 hour 11 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to July 27, 1940, 19\_\_\_\_; that I last saw him alive on July 24, 1940, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus, Onset, 1930

Due to 59

Due to \_\_\_\_\_

Other conditions Diabetic gangrene  
(include pregnancy within 3 months of death)

involving the left foot.

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? \_\_\_\_\_  
(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 [Signature] (M. D. or D.O.) \_\_\_\_\_

Address 320 Metropolitan Bldg. Date signed 7/29/40

Duration

June 1 1940

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

*Joseph B. Vollmer*

Licensed Embalmer No. *40114*

P. O. Address *3125 Lafayette 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.**