

No. 2
-13-40
-17-39
X23159

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

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Christan Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
In this community **Unknown**
years, months or days

3. (a) PRINT FULL NAME **Fred L. Woodson**
(b) If veteran: **J.S. 493-65-4889** name war **None**
(c) Social Security No. **UNK**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, married, divorced **Married**

6. (b) Name of husband or wife **Emily Woodson**
6. (c) Age of husband or wife if alive **30** years

7. Birth date of deceased **November 26, 1903**
(Month) (Day) (Year)

8. AGE: Years **36** Months **01** Days **29** If less than one day hr. min.

9. Birthplace **West Frankfort, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck helper**

11. Industry or business

MOTHER FATHER { 12. Name **Clay Woodson**
13. Birthplace **West Frankfort, Ills.**
(City, town, or county) (State or foreign country)
14. Maiden name **Ella Hicks**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Emily Woodson**
(b) Address **4235 Pleasant Ave**

17. (a) **Burial** (b) Date thereof **11/28/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**

19. (a) **NOV 27 1940** (b) *[Signature]*
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County.....
(c) City or town **St. Louis** **10**
(If outside city or town limits, write "RURAL")
(d) Street No. **4235 Pleasant Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **28, 25**
year **1940** hour **5:15 PM** minute _____ M.

21. I hereby certify that I attended the deceased from **Nov 21st 1940**
to **Nov 25th 1940**
that I last saw him alive on **Nov 25th 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Essential Renal Hypertension** Duration **1 week**
(Hemiplegia) **1 week**
Due to _____
Due to **Essential or malignant hypertension B-P 225/170** **1 year**
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations **No operation**
Of autopsy **No autopsy**
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? _____ (e) Means of injury _____

23. Signature *[Signature]* (M. D. or other) _____
Address **3501 Beech** Date signed **11-26-40**

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.....

Samuel Hampton

Licensed Embalmer No. *2967*

P. O. Address *A. 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, fact should be so stated above.