

MAILED MAY 13 1941

Registration District No. 791

Primary Registration District No.

Registrar's No. 3557

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

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:
5709 Arsenal St.
(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: 1003 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 913
(If outside city or town limits, write "RURAL")

(d) Street No. 5709 Arsenal St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Tennessee Woods

3. (b) If veteran, name war. None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd
year 1941 hour 1:50 minute P.M. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late James A. Woods

6. (c) Age of husband or wife if alive years 28th 1857

7. Birth date of deceased: March 28th 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 3,
1940 to April 23 1941;
that I last saw her alive on April 23 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

84 0 26 hr. min.

Immediate cause of death Arterio-sclerotic Heart Disease 4/3/40+

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

10. Usual occupation Housewife

Due to.....

Due to.....

Other conditions Senility 1/10 4/3/40+
(Include pregnancy within 3 months of death)

11. Industry or business.....

12. Name Joseph E. Holloway

13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

14. Maiden name Lucretia Lewis

15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

Major findings: 1/10

Of operations.....

Of autopsy.....

PHYSICIAN 1/10

Underline the cause to which death should be charged statistically.

16. (a) Informant Grace Callahan

(b) Address 5709 Arsenal St.

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?.....

17. (a) Burial (b) Date thereof 4-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(Specify type of place)

(b) Address 4228 So. Kingshighway Blvd.
(e) Means of injury

19. (a) APR 25 1941 (b) J. W. Brudick
(Date received local registrar) (Registrar's signature)

23. Signature H. L. Moore (M. D. or other) MD

Address 5400 Arsenal St. Date signed 4/25/41

at city hall
9-3

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: Reinhold K. Lohman

Licensed Embalmer No. 3395

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, fact should be so stated above.