DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23248

Registration District No. 751 — Primary Registration District No. 1003 — Registrar's No. 5600

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community ? (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3400 Franklin (If rural, give location)

(e) Citizen of foreign country? (Yes or No) D

If yes, name country

3. (a) PRINT FULL NAME Sam Woods

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex M

5. Color or race N X

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

6. (b) Name of husband or wife Unknown

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

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

8. AGE: Years 55 Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name Ike Woods

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

14. Maiden name Maggie Woods

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

16. (a) Informant Florence A Lee

(b) Address 2601 N. Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Wright's Funeral Home

(b) Address 3100 Easton Ave.

19. (a) JUL 7 1941 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1941 hour 8:20 minute A.M.

21. I hereby certify that I attended the deceased from June 30 1941 to July 1 1941; that I last saw her alive on July 1 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease c Thrombosis	2 days
Due to:	
Due to:	
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)

(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 L. A. Erwin (M. D. or other)

Address 2601 Whittier Date signed 7/3/41

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No.....

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 214

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.