

Filed OCT 18 1941
791

STANDARD CERTIFICATE OF DEATH

State File No. 29943

Registrar's No. 7282

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days
(Specify whether years, months or days)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Edwin Woody
3. (b) If veteran, name war None
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Jewel
6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased September 7 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 0 0 hr. min.

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

10. Usual occupation Bee Keeper

11. Industry or business _____

12. Name Thomas H. Woody

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

14. Maiden name Dina Stock

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

16. (a) Informant Mrs. Jewel Woody

(b) Address 5403 Wabada

17. (a) Burial (b) Date thereof Sept 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director A. Mon L. U. Co.

(b) Address 2707 N. Grand Blvd.

19. (a) SEP 9 1941 (b) J. P. Budek
(Received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 000
(c) City or town St. Louis, Mo. 6 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5403 Wabada 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7,
year 1941 hour 7:50 minute P.M.

21. I hereby certify that I attended the deceased from August 10,
19 41 to September 7, 19 41;
that I last saw him alive on September 7, 19 41;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma of prostate with left lateral
Due to obstruction & left pyonephrosis
Due to _____

Duration

8 mos

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Same

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Michel M. Keil (M. D. or other) ()
Address 1515 Lafayette Avenue Date signed 9/8/41

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

MOTHER FATHER

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..... *Paul Havelbury*
Licensed Embalmer No. *2631*
P. O. Address *2707 N. 1st*

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.