

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30096

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 7435

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 1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
(Specify whether
In this community 4 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000
(c) City or town ST. LOUIS 2d 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1508 N. Market 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Oma Mae Woods
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month September day 13,
year 1941 hour 3:55 minute _____ P. _____ M. _____
21. I hereby certify that I attended the deceased from September 3, 1941 to September 13, 1941
that I last saw her alive on September 13, 1941
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Roy Woods 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Feb. 9 1884 1885
(Month) (Day) (Year)

Immediate cause of death
Supertory, unspecified
Phylogenephritis
Due to Arteriosclerosis.
Due to _____
Other conditions (include pregnancy within 3 months of death) 193a

8. AGE: Years 57 Months 58 Days 7 / 4 If less than one day _____ hr. _____ min.
9. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)
10. Usual occupation None

Major findings:
Of operations _____
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Geo. Stilly
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Ann Murray
15. Birthplace Illinois
(City, town, or county) (State or foreign country)
16. (a) Informant Roy Woods
(b) Address 1508 N. Market
17. (a) Removal & Burial (b) Date thereof SEPT. 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff, Mo.
Bordenredin S.D. Inc.
18. (a) Signature of funeral director _____
(b) Address 1936 St. Louis
19. (a) 1941 (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

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 L. V. Milligan (M. D. number) _____
Address 1515 Lafayette Ave. Date signed 9/15/41

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.....

John J. Krupar

Licensed Embalmer No. 3497

P. O. Address. 1936 St. Louis

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.