No. 2
1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED OCT 24 1941

STANDARD CERTIFICATE OF DEATH

1003

State File No. 30261

Registration District No. 791 | Primary Registration District No. | Registrar's No. 7600

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: St. Louis city Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Mo
(c) City or town St Louis 26 12 (If outside city or town limits, write "RURAL")
(d) Street No. 1508 No Market St. 8 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Holstenburg

3. (a) PRINT FULL NAME RAY WOODS
3. (b) If veteran, name war —
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 10 (Month) 25 (Day) 1884 (Year)

8. AGE: Years 56 Months 10 Days 24 If less than one day hr. min.

9. Birthplace / Ky. (City, town, or county) (State or foreign country)
10. Usual occupation miller
11. Industry or business Flour
MOTHER FATHER
12. Name J. B. Wood
13. Birthplace / Tenn (City, town, or county) (State or foreign country)
14. Maiden name Minnie Impt
15. Birthplace / Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Harve Wood
(b) Address Harrisburg Ill
17. (a) Burial, cremation, or removal (b) Date thereof 9/24/41 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill Harrisburg Ill
18. (a) Signature of funeral director Gibbons
(b) Address Harrisburg Ill.
19. (a) SEP 20 1941 (Date received local registrar) (b) J. M. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1941 hour 3 minute 4 P.M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to Phosporus poisoning yellow
Due to Atrophy of Liver When taken
Due to by mistake at his home
Other conditions 1508 no market st
(Include pregnancy within 3 months of death) on or about Sept 15 th 1941
Major findings:
Of operations Accident
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) Accident
(b) Date of occurrence 9/19/41 about
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Leyhy Crow Date signed 9/20/41

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. Allen Davis Jr

Licensed Embalmer No. 4083

P. O. Address St. 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.