

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33678**
8636
Registrar's No.

FILLED NOV 24 1947 91

Registration District No. Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hosp #1 (D)
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 12 hrs
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Alfred Woods
3. (b) If veteran, name war.....
3. (c) Social Security No. 487-18-3407

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive..... years

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

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

9. Birthplace 90 unknown
(City, town, or county) (State or foreign country)

10. Usual occupation Pen. Bay

11. Industry or business

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant James J. Fitzmaurice
(b) Address 1300 Clark

17. (a) (b) Date thereof 10-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis
18. (a) Signature of funeral director W. R. Perry
(b) Address 3500 Perry
19. **OCT 30 1947** (Date received local registrar) (b) J. F. Brudak (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County 000
(c) City or town St. Louis 1725
(If outside city or town limits, write "RURAL")
(d) Street No. 819 Market St 9
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1941 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....

that I last saw h..... alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural hemorrhage ^{Duration}
of the Brain, Area of Reproduction
of Brain, when he fell on the
sidewalk on the east side
between 14th and 15th Sts.
about 2:20 P.M. Sept. 23
1941

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) Accident

(b) Date of occurrence Sept 23 1941

(c) Where did injury occur? St. Louis (01)
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work? no (Specify type of place) (e) Means of injury fall

23. Signature Alfred Perry (M.D. or other)
Address Alfred Perry Date signed 10/27/41

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.....

Licensed Embalmer No.....

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.