No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1035

Primary Registration District No.

Registrar's No. 734

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 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 632 Red Bud Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edward Woods

3. (b) If veteran, name war None

3. (c) Social Security No. 708-09-4295

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

6. (b) Name of husband or wife Martha Woods

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 5 (Month) 1881 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	10	17	hr. min.

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

10. Usual occupation Car Cooper, Western

11. Industry or business Weighing & Inspection Bureau

FATHER
12. Name Samuel Woods
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Anna Eisenhauer
15. Birthplace Missouri (City, town, or county) (State or foreign country) U

16. (a) Informant Martha Woods
(b) Address 632 Red Bud Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address 2117 E. Grand Blvd.

19. (a) JAN 22 1942 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22, year 1942 hour 2:10 minute P. M.

21. I hereby certify that I attended the deceased from January 10, 1942 to January 22, 1942; that I last saw him alive on January 22, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis Cardiac hypertrophy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as above	

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 M. M. Karl (M.D. or other)
Address 1515 Lafayette Avenue. Date signed 1/21/42

(Licensed Embalmer's Statement on Reverse Side)

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 Frank G. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.