S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 5154

Registrar's No. 1600

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: 4372 West Pine Bl. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1960

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

(d) Street No. 4372 West Pine Blvd. (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME LAURA BELLE Woods

3. (b) If veteran, name war

3. (c) Social Security No. Nil

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife OSCAR E. Woods

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

7. Birth date of deceased AUG. 3 - 1867 (Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Daniel W. Brown
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Catherine Morgan
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Oscar Woods

(b) Address 4372 West Pine Blv.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation Evansville, Ind.

18. (a) Signature of funeral director Edith E. Ambrester

(b) Address 4234 Manchester

19. (a) FEB 21 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1942 hour 11.20 A.M. minute M.

21. I hereby certify that I attended the deceased from Aug - 13 - 1941 to Feb 20 1942 that I last saw her alive on February 20 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	6 mos
Due to Cardio. Vascular Disease with Hypertension	6 mos
Due to	
Other conditions (Include pregnancy within 5 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)

(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 A. J. Raemdonck (M. D. or other)

Address 4390 West Pine Bl. Date signed 2-24-42

(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.....

Licensed Embalmer No. 1284

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.