

S. No. 2
M-1-4-41
v. 5-17-39
P-I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9427**
2539
Registrar's No.

FILED APR 8 1942 91
Registration District No.

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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17
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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:
2630¹ Bellglade Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
About 15 years (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
St. Louis, Mo.
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 2630 A Bellglade Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month 3 day 18
year 1942 hour 4:20 minute P M.
21. I hereby certify that I attended the deceased from
2-2-1942 to 2-18-1942
that I last saw her alive on 2-18-1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or Colored
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Benjamin Woods
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Not known
(Month) (Day) (Year)

Immediate cause of death
Acute Coronary
Due to Thrombosis
Due to arteriosclerosis

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ hr. _____ min.
About 56

Other conditions (Include pregnancy within 3 months of death)
Major findings: None
Of operations _____
Of autopsy _____

9. Birthplace Bartlesburg, Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper

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 name of place) (e) Means of injury _____

11. Industry or business _____
12. Name George Wyatt
13. Birthplace St. Charles Mo. (City, town, or county) (State or foreign country)
14. Maiden name Fannie Bennett
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Grace Simms
(b) Address 4049 A Cook Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave
MAR 21 1942
19. (a) (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

23. Signature _____ (M. D. or other)
Address 822 a. W. Jefferson Date signed 3/20/42

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 *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *2649th Delmar Del*

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.