

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town **St. Louis**
 (c) Name of hospital or institution: **2631a Slattery St.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County.....
 (c) City or town **St. Louis**
 (d) Street No. **2631a Slattery St.**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Ruth Woods**

3. (b) If veteran, name war..... **no**
 3. (c) Social Security No. **None**

4. Sex **Female**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Otto J. Woods**
 6. (c) Age of husband or wife if alive **51** years
 7. Birth date of deceased **Nov. 2 1892**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	5	2 hr. min.

9. Birthplace **Chicago Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

MOTHER FATHER {
 12. Name **Unknown**
 13. Birthplace **Chicago Illinois**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Chicago Illinois**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Otto J. Woods**
 (b) Address **2631a Slattery St.**

17. (a) **Burial** (b) Date thereof **4-7-42**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**
 (b) Address **1710 N. Grand Blvd.**

19. (a) **APR 6 1942** (Date received local registrar)
J. F. Bredeen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4th**
 year **1942** hour **11** minute **40** P. M.

21. I hereby certify that I attended the deceased from **March 14** 19**42** to **April 4** 19**42**
 that I last saw him alive on **April 4** 19**42**
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pulmonary Tuberculosis Duration **4 mo**

Due to.....
 Due to.....

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).....
 (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 type of place)
 (a) Means of injury.....
 23. Signature **H. F. Westphaelinger** (M. D. or other) **MD.**
 Address **1901 Alfred ave** Date signed **4-5-42**

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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 *Fred Frick*.....

Licensed Embalmer No. 3186.....

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.