No. 2
1—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4938

Registration District No. FILED FEB 16 1943 Primary Registration District No. 1003 Registrar's No. 1071

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: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 yrs. 6mos. 25ds
In this community about 18 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County 000 13 13
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2957 Dickson St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME OPHELIA WOODARD

3. (b) If veteran, name war –
3. (c) Social Security No. –

4. Sex Female | 5. Color or race Colored | 6. (a) Single, widowed, married, divorced Separated

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

7. Birth date of deceased February (Month) 25, (Day) 1901 (Year)

8. AGE: Years 41 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Poplar Bluff (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Nut Factory Worker
11. Industry or business Nut Factory

FATHER
12. Name Robert Thomas
13. Birthplace unknown (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Lulu Bryon
15. Birthplace unknown (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant City Sanitarium
(b) Address 5400 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Lee J. Sneed Und Co.
(b) Address 2812 Thomas St.

19. (a) FEB 2 1943 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19, year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from 1-6-43, 19..., to 1-19-43, 19...; that I last saw her alive on 1-19-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pancreatitis, Acute	1-15-43
Due to: Cholecystitis, Acute	1-6-43
Due to: Non-calculous	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No
Of autopsy No

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 0

23. Signature Anthony K Busch (M. D. or other)
Address 5300 Arsenal St. Date signed 1/29/43

(Licensed Embalmer's Statement on Reverse Side)

Busch

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.