

FILED JUN 9 1943 318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 4460 Bircher Blvd. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Walter S. Woodward

3. (b) If veteran, name war no 3. (c) Social Security N494-07-9541

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Agnes Woodward. 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Nov. 5 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 21 hr. min.

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

10. Usual occupation Stereotyper.

11. Industry or business.....

MOTHER FATHER

12. Name George H. Woodward.
13. Birthplace Ohio. (City, town, or county) (State or foreign country)
14. Maiden name Unknown.
15. Birthplace unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Agnes Woodward.
(b) Address 4460 Bircher blvd.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 5/29/43/ (Month) (Day) (Year)
(c) Place: burial or cremation Valahalla cometary.

18. (a) Signature of funeral director J. E. Moyall
(b) Address 1926 Allen ave.
19. (a) MAY 29 1943 (Date received by registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 2 hour 30 minute P. M.

21. I hereby certify that I attended the deceased from May 24 1943 to May 26 1943, that I last saw him alive on May 26 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
(- Apoplexy.)

Due to Hypertension

Due to 8/2/43

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy.....

Duration

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) (e) Means of injury.....

23. Signature W. C. Chipman (M. D. or other) Address 8321 S. 18th Date signed 5/27/43

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

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed D. M. Davis
Licensed Embalmer No. 3741
P. O. Address 1926 Allenway

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.