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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. 20182 5261

FILED JUN 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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17
9

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4555 McMILLIAN AVE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 12 000

(d) Street No. 4555 McMILLIAN AVE (If rural, give location) 17

(e) Citizen of foreign country? (Yes or No) 9

If yes, name country 0

3. (a) PRINT FULL NAME HILLARY WOODSON

3. (b) If veteran, name war WORLD WAR #1

3. (c) Social Security No. 497-01-3038

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MATILDA

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased JULY (Month) 15 (Day) 1890 (Year)

8. AGE: Years 52 Months 10 Days 22 If less than one day hr. min.

9. Birthplace WINFIELD (City, town, or county) MO (State or foreign country) 0

10. Usual occupation CLERK TOOL ROOM

11. Industry or business WAGNER ELECTRIC

MOTHER FATHER

12. Name COLUMBUS WOODSON

13. Birthplace (City, town, or county) MO (State or foreign country) 0

MOTHER

14. Maiden name CAMILLE AOMIRE

15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country) 0

16. (a) Informant Matilda Woodson

(b) Address 4556 Mo. Milan

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 9 1943 (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director Sullivan & Kelly

(b) Address 1416 N. Taylor ave

19. (a) JUN 1943 (Date received local registrar) (b) J. F. Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1943 hour 2 minute 30 P.M.

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

Immediate cause of death	Duration
Coronary Sclerosis	
Due to Arterio sclerosis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Wenz (M. D. or other)

Address Neffs Corner Date signed 6/7/43

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 1943

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.