U. S. No. 2
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Rev. 1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27205

FILED SEP 11 1943

Registration District No. 818 Primary Registration District No. 1002 Registrar's No. 7818

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

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 1730 N Grand L. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 12 (000)

(c) City or town ST. LOUIS 9 11 (If outside city or town limits, write "RURAL")

(d) Street No. 1730 N GRAND (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JAMES H. WOODROME

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Jessie

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

7. Birth date of deceased Aug (Month) 27 (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
22	75	0	2	hr. min.

9. Birthplace Ill. (City, town, or county) 1 (State or foreign country)

10. Usual occupation ~~Ill.~~ RETIRED

11. Industry or business RETIRED AUTO DEALER

FATHER
12. Name JOHN A. WOODROME
13. Birthplace Ill. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name SARAH J. PATTON
15. Birthplace Ill. (City, town, or county) 1 (State or foreign country)

16. (a) Informant WILLIAM WOODROME

(b) Address 6526 MYRON

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept 2 1943 (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE

18. (a) Signature of funeral director Provost Und Co

(b) Address 3710 N. GRAND

19. (a) AUG 31 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1943 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from July 25, 1943, to Aug 29, 1943 that I last saw him alive on Aug 29, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	Unknown
Due to Pernicious Anemia	"
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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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 James W. Fisher (M. D. or other) 20

Address 6201 Lotus Date signed 8-30-43

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L Binkman

Licensed Embalmer No. 3563

P. O. Address 3710 N 92ND

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.