

FILED NOV 29 1943  
Registration District No. 318

Primary Registration District No. \_\_\_\_\_

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

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:  
Missouri Baptist Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days.  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days) 0

3. (a) PRINT FULL NAME IDA LEE WOODY.

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

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

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

7. Birth date of deceased February 27, 1877.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66. 8. 18. \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis County, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Principal of

11. Industry or business Hamilton School.

MOTHER FATHER { 12. Name Thomas H. Woody.  
13. Birthplace St. Louis County, Missouri.  
(City, town, or county) (State or foreign country)  
14. Maiden name Dena Stock.  
15. Birthplace St. Louis County, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Geraldine Woody.

(b) Address #4399 McPherson Ave.,

17. (a) Cremation. (b) Date thereof 11/16/43.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Boulevard.

19. (a) NOV 16 1943 (Date received local registrar) J. J. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. #4399 McPherson Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14  
year 43 hour 3:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Nov 5, 1943, to Nov 14, 1943  
that I last saw her alive on Nov 14, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral apoplexy  
Due to arteriosclerosis

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_  
23. Signature Robert E. Warner (M. D. or other) M.D.  
Address 1115 Paul Brown Bldg Date signed 11/15/43

Dr. Nelson - v. 11000000  
Paul Brown Body  
10:30 - 3  
044-4747

**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 Bradford A. Miles

Licensed Embalmer No. 2801

P. O. Address University City - 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.