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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. 40772

FILED JAN 3 1944

Registration District No. 318 Primary Registration District No. Registrar's No. 11548

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital, Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17 25

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1031 N. Broadway
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Florence Woods

3. (b) If veteran, name war No

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 Unknown (Month) (Day) (Year)

8. AGE: Years about 69 Months Days If less than one day hr. min.

9. Birthplace Little Rock (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Mathews Woods
13. Birthplace (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Lena Jones
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Henry Woods
(b) Address 1431 Goodfellow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave

19. (a) DEC 22 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21, year 1943 hour 4:05 minute A. M.

21. I hereby certify that I attended the deceased from December 9, 1943 to December 21, 1943 that I last saw her alive on December 21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far advanced Pulmonary Tuberculosis	
Due to: Arteriosclerotic Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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 William [illegible] (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 12/21/43

(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~~ .....

Not Embalmed ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed ..... [illegible]

Licensed Embalmer No. 3225

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.