S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

Registration District No. 397

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33330

Primary Registration District No. 6076

Registrar's No. 2982

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 10/4/43 (Specify whether years, months or days)

In this community unknown.

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.: 2805 Elliot Street
(If rural, give location)

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

If yes, name country: -

3. (a) PRINT FULL NAME: Penry Woodford

3. (b) If veteran, name war: World War #1

3. (c) Social Security No. none.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: -

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

7. Birth date of deceased: Sept. (Month) 15, (Day) 1894 (Year)

8. AGE: Years 49 Months 3 Days 16 If less than one day hr. min.

9. Birthplace: Corona (City, town, or county) Alabama (State or foreign country)

10. Usual occupation: WPA Worker

11. Industry or business: -

FATHER
12. Name: Penry Woodford
13. Birthplace: Unknown (City, town, or county) Wales (State or foreign country)

MOTHER
14. Maiden name: Martha Bowden
15. Birthplace: Unknown (City, town, or county) Penna. (State or foreign country)

16. (a) Informant: M. Schulig
(b) Address: Clinical Clerk, VAF, Jeff. Bks. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Coulterville, Mo.

18. (a) Signature of funeral director: Hy. Leidner U. Co.
(b) Address: 2223 St. Louis Mo.

19. (a) JAN 3- 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th, year 1943 hour 12:20 minute P.M.

21. I hereby certify that I attended the deceased from October 4th, 19 43 to December 30, 19 43 that I last saw him alive on December 30, 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma, intraabdominal, original site of origin undetermined. — Duration: Unknown

Due to: -

Due to: -

Other conditions: NONE.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operation.
Of autopsy: No 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): no
(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? (Specify nature of injury)

23. Signature: L. M. COCHRAN, M.D. (M. D. or other)
Address: Chief Medical Officer Date signed 12/30/43

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(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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave

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.