

S. No. 2
M-5-43
5-17-39
1 X3887

FILED MAR 6 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1888

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hours
(Specify whether years, months or days)

In this community Since Birth
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 98
(If outside city or town limits, write "RURAL")

(d) Street No. 1547 McLaren Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN F. WOODS

3. (b) If veteran, name war None

3. (c) Social Security No. 494-07-9547

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura B. (nee Burke)

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

7. Birth date of deceased Sept. 19, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	5	5	hr. min.

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

10. Usual occupation Night Watchman

11. Industry or business Donnelly Pipe Co

12. Name Patrick Woods

13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George G. - Stoecklin

(b) Address 1547 McLaren Ave

17. (a) Burial (b) Date thereof 2/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) FEB 25 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th
year 1944 hour 3:58 PM minute M.

21. I hereby certify that I attended the deceased from JAN 1 - 40
19 to Feb. 24 1944
that I last saw him alive on Feb 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephrositis of 2 years

Due to 93

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?

While at work (Specify type of place) (c) Means of injury

23. Signature [Signature] or other [Signature]
Address 4114 W. [Signature] Date signed 2-25-44

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

MOTHER FATHER

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

Harold S. Purley

Licensed Embalmer No. *#202*

P. O. Address *St. Louis, 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.