

FILED APR 1 1944 318

State File No. \_\_\_\_\_

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

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

1003

Registrar's No. \_\_\_\_\_

2858  
000  
12  
72

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3623 Robert Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 35 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town City of St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3623 Robert Avenue  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elsie Eleanor Wooldridge

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 widowed  
6. (b) Name of husband or wife Frederick E. Wooldridge 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 1 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 7 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housework

11. Industry or business at home

12. Name John D. Downer 5

13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary

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

16. (a) Informant Fred E. Wooldridge

(b) Address 3623 Robert Avenue

17. (a) removal (b) Date thereof 3-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Missouri

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) MAR 27 1944 J. F. Bueck  
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1944 hour 2:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 5/28  
1943 to 3-26 1944  
that I last saw her alive on 3-25 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death excess of mela- signed physician, 2 general med- melanosis Diagnosis about 8

Due to \_\_\_\_\_

Due to H/O

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Same as above - done Dec. 1943.  
Of operations colostomy performed  
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) 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Wm J. Wolcott MD (M. D. or other) \_\_\_\_\_

Address 3804 Wilmington Ave. Date signed 3-27-44

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

MOTHER, FATHER

1944  
96  
-----  
1868

**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..... *Vigil L. Berryman*.....

Licensed Embalmer No..... *14018*.....

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.**