

FILED JUN 9 1944 18

Primary Registration District No. 1003

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:
4344 De Tonty /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Joseph E. Woodring
3. (b) If veteran, name war _____ 3. (c) Social Security No. 503-14-4219

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Isabel Woodring 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 2, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 4 23 hr. _____ min.

9. Birthplace Cortland Nebraska /
(City, town, or county) (State or foreign country)

10. Usual occupation Meat Cutter

11. Industry or business Kroeger Grocery Co.

MOTHER FATHER { 12. Name Nathan Woodring
13. Birthplace Penn. /
(City, town, or county) (State or foreign country)
14. Maiden name Lavana Schell
(City, town, or county) (State or foreign country)
15. Birthplace Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Isabel Woodring
(b) Address 4344 De Tonty

17. (a) Burial (b) Date thereof 5/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) MAY 26 1944 (b) J. Bedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 19
(d) Street No. 4344 DeTonty (If rural, give location) 717
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1944 hour 4.15 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from July - 2
19 44 to May - 23 19 44
that I last saw him alive on May - 24 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Stomach
with metastases to liver Duration 1 year

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: Large sigmoid carcinoma
of greater invasion of stomach
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?

23. Signature Ship G. Wayland (M. D. or other) _____
Address 3115 S. Grand St. St. Louis, Mo. Date signed 5-26-44

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.....

Licensed Embalmer No. *1284*

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.