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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5012
Registrar's No. 1322

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution 6 days
In this community 53 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, Missouri
(d) Street No. 2601 N. Whittier
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME King Woods
(b) If veteran, name war
(c) Social Security No.
4. Sex Male 2
5. Color race Col
6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 6, year 1945 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from January 31, 1945 to February 6, 1945 that I last saw him alive on February 6, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Gangreya of right foot
Duration 6 mos.
Due to
Due to
Other conditions: 98 2/2
(Include pregnancy within 3 months of death)

8. AGE: abt 77 Years Unknown Months Days If less than one day hr. min.
9. Birthplace: (City, town, or county) (State or foreign country) 9
10. Usual occupation Labor
11. Industry or business
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Lillie Washington
(b) Address 212 Plum St.
17. (a) Burial (b) Date thereof Feb 12/45
(c) Place: burial or cremation Greenwood Cem
18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin St
19. (a) FEB 10 1945 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

Major findings: Of operations
Of autopsy
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 W. C. Creloway (M. D. or other) 0
Address 2601 Whittier Date signed 2/7/45

(Licensed Embalmer's Statement on Reverse Side)

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

0
7
9

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

J. A. Green

Licensed Embalmer No.

2963

P. O. Address

2915 Franklin 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.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

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

3. (a) PRINT FULL NAME

King Woods

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced w

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

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Day If less than one day min. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address.....
17. (a) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....
19. (a) (Date received local registrar) (b) J. F. B... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19 year 1945 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....
Due to.....

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) (e) Means of injury.....
23. Signature..... (M. D. or other).....
Address..... Date signed.....

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

SUPPLEMENTARY

5012