

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:
Enroute to City Hospital **3**
(If not in hospital or institution, write street number or location)

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

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

3. (a) PRINT FULL NAME Edna Wofford

3. (b) If veteran, name war _____

3. (c) Social Security No. 489 - 10-4679

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Wofford

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

7. Birth date of deceased March 25, 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	47	2	6	

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

10. Usual occupation Packer Tobacco Worker

11. Industry or business Liggett - Meyers Tobacco Co.

MOTHER FATHER

12. Name Calvin Montgomery

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

14. Maiden name Laura Brown

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

16. (a) Informant William Wofford

(b) Address 4312 Hunt Ave.

17. (a) Burial (b) Date thereof 6/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JUN 4 1945 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 005

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

(d) Street No. 4312 Hunt Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1945 hour 2:00 P.M. minute 458 M.

21. I hereby certify that I attended the deceased from _____ 19____ 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 Fracture of skull
subdural hemorrhage of brain,
when she was struck by automobile
being driven by one Theodore S.
Penhowsky on Turner Brown Ave
about 20 feet north of Vista cross
8:45 P.M. June 1, 1945

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) Accident

(b) Date of occurrence June 1, 1945

(c) Where did injury occur? on corner
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public street

While at work? _____ (Specify type of place)

(e) Years of injury to date

23. Signature Edith E. Ambruster (M. D. or other)
Address _____ Date signed 6/4/45

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

454
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17
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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..... *Thomas Egnock*

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.