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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22761

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5860

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Luthern Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 23 (If outside city or town limits, write "RURAL")

(d) Street No. 1831 Dolman St. 9 (If rural, give location)

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

3. (a) PRINT FULL NAME Lois Jea n Woodson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fema le/

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 12 1932 (Month) (Day) (Year)

8. AGE: Years 13 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER 12. Name Roy Woodson

FATHER 13. Birthplace St. Louis (City, town, or county) Missouri C (State or foreign country)

MOTHER 14. Maiden name Genevia Surrells

MOTHER 15. Birthplace Olney (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant Genevia Woodson

(b) Address 1831 Dolman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/45 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) JUL 6 1945 (Date received local registrar) J. T. Medart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1945 hour 6 minute P— M.

21. I hereby certify that I attended the deceased from May 28, 1945, to July 3, 1945, that I last saw her alive on July 3, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hepatic Abscess	
Due to Generalized Peritonitis	1 week
Due to Appendicitis Sub-acute	4 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Appendicitis sub-acute

Of autopsy Hepatic abscess

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Lewis Hutton (M. D. or other) M. D.

Address 3606 Gravois Date signed 7/5/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Hutton

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 L. B. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.