

7. S. No. 2  
DOM-543  
Rev. 5-17-39  
I X36671

FILED AUG 28 1945

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2065

76  
2  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 1/2 days  
(Specify whether years, months or days)

In this community 19 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Wellston 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 1508 Oak Grove 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHESTER WOODFORD

3. (b) If veteran, name war None

3. (c) Social Security No. 494-01-4290

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Pearl Smith

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May 7 1886  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>3</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Inspector

11. Industry or business \_\_\_\_\_

12. Name William Woodford

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

14. Maiden name Rebecca Gressley

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

16. (a) Informant Mrs. C.L. Woodford

(b) Address 1508 Oak Grove

17. (a) Burial (b) Date thereof 8-20-1945.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue

19. (a) 8-21-45 (b) Edw. McFarland  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th  
year 1945 hour Twelve minute 45 a.m.

21. I hereby certify that I attended the deceased from August 13th 1945 to August 18th 1945  
that I last saw him im alive on August 18th 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung - secondary emphysema

Due to 47 d

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

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Same

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 A. Heindin (M.D. or other) \_\_\_\_\_

Address 601 Brentwood Date signed 8-18-45

**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 Clement McNeay

Licensed Embalmer No. 3732

P. O. Address St. Louis

**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.**