

S. No. 2  
M-5-43  
7. 5-17-39  
I X3667

State File No.

FILED AUG 29 1948  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7357

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number and location)  
1 mb

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 55 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 11  
(If outside city or town limits, write "RURAL")

(d) Street No. 1726 Pendleton  
(If rural, give location)

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

3. (a) PRINT FULL NAME Frances Woods

3. (b) If veteran, name war no

3. (c) Social Security No. No Card

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife J. Woods

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 10, 1889  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1946 hour 5 minute 23 P M.

21. I hereby certify that I attended the deceased from 7-22 1946 to 8-22 1946  
that I last saw her alive on August 22 1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>5</u>	<u>12</u>	hr. _____ min.

Immediate cause of death Pulmonary Tuberculosis

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Nil.

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

12. Name Allen Perkins

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

14. Maiden name Frances ?

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

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

Of autopsy NO

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Percy Macklin

(b) Address 1726 A. N. Pendelton

17. (a) Burial (b) Date thereof Aug, 27, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Wright's Funeral Home  
(b) Address 3100 Easton Ave.

19. (a) AUG 24 1946 (Date received local registrar)

J. F. Brundick (Registrar's signature)

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)

(a) Means of injury \_\_\_\_\_

23. Signature E. B. Williams (M. D. or other)  
Address 2601 N. Whittier Date signed 8/27/46

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

OCT 9 1945

---

---

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..... *Arthur L. Billiard*

Licensed Embalmer No. *4221*

P.O. Address. *1154 Bayard*

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.