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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 23 1947  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3362  
State File No. \_\_\_\_\_  
Registrar's No. 92

Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:  
(a) County ST. LOUIS COUNTY  
(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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 DAYS  
(Specify whether  
In this community PARENT 21 YRS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County ST. LOUIS COUNTY  
(c) City or town RICHMOND HEIGHTS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2332 NORTH + SOUTH ROAD 3  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LAWRENCE UNDERWOOD  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased OCTOBER 25 1946  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JANUARY day 14  
year 1947 hour 2 minute 40 P. M.  
21. I hereby certify that I attended the deceased from JANUARY 11, 1947 to JANUARY 14, 1947  
that I last saw him alive on JANUARY 14, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
2 20 hr. min.  
9. Birthplace ST. LOUIS COUNTY - MISSOURI  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name WILLY FOREST UNDERWOOD  
13. Birthplace BARDWELL KENTUCKY  
(City, town, or county) (State or foreign country)  
14. Maiden name MARIAN BENOIST  
15. Birthplace ST. LOUIS COUNTY MISSOURI  
(City, town, or county) (State or foreign country)  
16. (a) Informant MARIAN UNDERWOOD  
(b) Address 2332 NORTH + SOUTH RD, RICHMOND HEIGHTS, MO.  
17. (a) Burial (b) Date thereof 1, 16 47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Marys  
18. (a) Signature of funeral director J. W. Blanks  
(b) Address 1125 Hodgson Ave  
19. (a) 1-16-47 (b) Ruth G. Allen  
(Date received local registrar) (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) (e) Means of injury \_\_\_\_\_  
23. Signature Wm. C. Citchlow (M. D. or other) \_\_\_\_\_  
Address 681 Brentwood Blvd., Clayton Date signed 1/15/47

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

MOTHER FATHER

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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 Alfred F. Boedeker  
Licensed Embalmer No. 2663  
P. O. Address 1125 Hochmeister 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.**