. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19525
Registrar's No. 4808

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 423 Filmore St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 423 Filmore St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSA M. WOODS
3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John L. Woods
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 22, 1873 (Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation house work
11. Industry or business at home
MOTHER FATHER
12. Name unknown
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name unknown
15. Birthplace (City, town, or county) Germay (State or foreign country)
16. (a) Informant Rose Woods
(b) Address 423 Filmore
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount ~~[illegible]~~ Hope
18. (a) Signature of funeral director Fendler Und Co.
(b) Address 7420 Michigan at Koeln
19. (a) MAY 13 1947 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1947 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from Mar. 19, 1946, 19..., to May 11, 1947, 19...; that I last saw her alive on May 11, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	2 days
Due to Cardiac Disease	
acute Cardiac failure	1 day
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 (M. D. or other)
Address 5417 Gravois Blvd Date signed 5/12/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) E. H. Rurid

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

Pl-FR-6102

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 Oliver E. Fendler

Licensed Embalmer No. 4148

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.