S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22786
Registrar's No. 5715

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days)
In this community

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. 1247 a N 18th St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME R. E. Woodard
3. (b) If veteran, name war
3. (c) Social Security No. 286-05-7571
4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sallie A. Woodard
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased April (Month) 19 (Day) 1907 (Year)
8. AGE: Years 40 Months 1 Days 17 If less than one day hr. min.
9. Birthplace Macon (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Horace Woodard
13. Birthplace Macon (City, town, or county) Miss. (State or foreign country)
MOTHER 14. Maiden name Susie Brooks
15. Birthplace Macon (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Sallie A. Woodardd
(b) Address 1247a N. 18th St
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Macon, Mississippi
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.
19. (a) JUN 10 (Date received local registrar) (b) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 6 day 6 year 1947 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from 5-16, 1947 to 6-6, 1947 that I last saw him alive on June 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Silicosis (Conglomerate)	Undet.
Bilateral Pneumothorax	Undet.
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 Edw. L. Williams (M. D. or other)
Address 2601 N Whittier Date signed 6/7/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 L Boykin

..... Registered Apprentice No. M

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

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.