V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26231
Registrar's No. 6929

1. PLACE OF DEATH:
(a) County
(b) City or town SAINT LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1516 AGNES ST. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 50 YRS.
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town SAINT LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1516 AGNES ST. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 96 0
If yes, name country

3. (a) PRINT FULL NAME ERNEST L. WOODARD, SR.
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 MARRIED /
6. (b) Name of husband or wife EMMA WOODARD
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased APR. (Month) 23, (Day) 1877 (Year)

8. AGE: Years 70 Months 3 Days 1 If less than one day hr. min.

9. Birthplace WOODSTOCK (City, town, or county) ILL. (State or foreign country) /
10. Usual occupation LOCOMOTIVE ENG.
11. Industry or business
FATHER 12. Name PHILANDER WOODARD
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name MARTHA WILSON /
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9
16. (a) Informant EMMA WOODARD /
(b) Address 1516 AGNES ST.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 28, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PAULS CHURCHYARD
18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4878 NATURAL BRIDGE BL.
19. (a) JUL 25 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 24 year 1947 hour 7 minute 02 P.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Ruptured Left
Due to Ventricle
Due to No Trauma.
Other conditions (Include pregnancy within 3 months of death) None
Major findings:
Of operations None
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) 8
While at work (e) Means of injury
23. Signature (M. D. or other)
Address Date signed 7/25/47

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Ralph C. Linders

Licensed Embalmer No. 4275

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.