

National Office of Vital Statistics

FILED DEC 22 1947

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:  
230 N. Boyle Ave.  
(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 MO. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 230 N. Boyle Ave.  
(If rural, give location) 9  
(e) Citizen  foreign country?..... (Yes or No) 19  
If yes, name country.....

3. (a) PRINT FULL NAME Eva Woods  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 9th  
year 1947 hour 9 minute 00 A. M.

4. Sex female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife A. S. Woods 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased March 6th., 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 27  
1947, 19....., to Dec 9, 1947  
that I last saw him alive on Dec 8, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Duration 7

8. AGE: Years 73 Months 9 Days 3  
If less than one day hr. min.

Due to 97%  
Due to 97%

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

Other conditions None place of death  
(Include pregnancy within 3 months of death)  
astroveterians

10. Usual occupation At Home

Major findings: none  
Of operations.....

11. Industry or business.....

12. Name John Smith

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

14. Maiden name Mary Unknown

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

16. (a) Informant Mr. Alexander S. Woods  
(b) Address 230 North Boyle Ave.

17. (a) Burial (b) Date thereof 12-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindbergh Blvd

19. (a) DEC 11 1947 (b) J. F. Bruck  
(Date received from registrar) (Registrar's signature)

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) none

(b) Date of occurrence none

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

(Specify type of place)

While at work? none (e) Means of injury none

23. Signature J. F. Bruck (Registrar's signature)

Address 2738 W. 12th St Date signed Dec 11 1947

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

MOTHER FATHER

*Mr. Marshall*

*2739 N Grand*

*344 PM*

*7/1/50*

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 1/2 Indale*

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.