FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 22 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 3271
Registrar's No. 409

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (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 (Specify whether
In this community 34 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2135a Grotiol 22 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAGGIE WOODS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race Col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive 70 yrs years
7. Birth date of deceased Oct (Month) 20 (Day) 1882 (Year)

8. AGE: Years 65 Months 2 Days 22 If less than one day hr. min.
9. Birthplace (City, town, or county) Tenn (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Henery Greer
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Cynthia
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant William Woods
(b) Address 2135a Grotiol
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Jackson Tenn
18. (a) Signature of funeral director S J Walton
(b) Address 2769 Shulean
19. (a) JAN 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 11
year 1948 hour 8 minute 30 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.
Immediate cause of death
Due to Cerebral Apoplexy
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Duration

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 [signature] (M. D. or other)
Address Date signed 1/14/48

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 S. J. Watson

Licensed Embalmer No. 269 P

P. O. Address 276 Christie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

*If this body is not embalmed. fact should be so stated above.