FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 6 1948

Registration District No. 392

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 21601

Registrar's No. 1432

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's 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 ..... years, months or days)

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

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11
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3. (a) PRINT FULL NAME Ollie E. Woodbridge

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William W. Woodbridge

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased February 6, 1887 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	3	28	..... hr. ..... min.

9. Birthplace Creal Springs, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name S. B. White
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorothy Neeley
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mr. William W. Woodbridge
(b) Address Pinckneyville, Illinois

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Pinckneyville, Illinois

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) 6-3-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1948 hour 4:12 minute P. M.

21. I hereby certify that I attended the deceased from May 11, 1948, to June 4, 1948;
that I last saw her alive on June 4, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of rectum	1 year
Peritonitis, suppurative	10 days
Due to	
Due to 46d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Abdominoperineal resection 5/13/48
Of autopsy as above

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 Willard Bartlett MD (M. D. or other)
Address 634 N Grand Date signed 6/5/48

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

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

634 N. W.
JE-0100
12-1

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.