FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 11 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24045

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 241

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Elvins Rl, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francois Twp. 1
(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 Missouri (b) County St. Francois 74

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Elvins Rl. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Vinola Wooldridge

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F. 1

5. Color or race wh.

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

6. (b) Name of husband or wife William Wooldridge

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October (Month) 13 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	7	21	..... hr. ..... min.

9. Birthplace Cape Girardeau Co (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Henry Nichols
13. Birthplace unk. (City, town, or county) (State or foreign country) 7

MOTHER
14. Maiden name Mary Robins
15. Birthplace Cape Girardeau Co (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mrs Paul Brewster.
(b) Address Farmington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Farmington

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo

19. (a) 8-4-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 2X4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1948 hour 4:20 minute A.M.

21. I hereby certify that I attended the deceased from March 10, 1948, to August 4, 1948, that I last saw her alive on August 4, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion Rt.	5 hrs
Due to Arteriosclerotic Heart disease.	unknown
Due to	
Other conditions Cardiac Asthma (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to 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 S. A. Lanzafame (M. D. or other) MD.
Address 228 E Columbia Date signed 8-4-48.

(Licensed Embalmer's Statement on Reverse Side) Farmington, Mo.

RECEIVED

District Health Officer No. 4

Number 848-101-

Date filed 8-10-48

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.