FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25081

Registration District No. 27 FILED AUG 13 1948

Primary Registration District No. 6076

Registrar's No. 1[illegible]

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community 9 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 18[illegible]

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

(d) Street No. None
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME WOOLEY, Kenneth G.

3. (b) If veteran, name war WW-1

3. (c) Social Security No. 498 18 5646

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Georgia M. Wooley

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March (Month) 17 (Day) 1894 (Year)

8. AGE: Years 54 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Dixon (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Unavailable 9
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " 9
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VA Hospital

(b) Address Jefferson Barracks, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-8-48 (Month) (Day) (Year)

(c) Place: burial or cremation NEWBURG, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4704 Washington, St. Louis, Mo.

19. (a) 8-8-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1948 hour 6:50 minute P.M.

21. I hereby certify that I attended the deceased from July 27, 1948, to August 5, 1948; that I last saw him alive on August 5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death SUBDURAL HEMATOMA MASSIVE, BILATERAL

Contributory cause: HYPERTENSION: MULTIPLE PULMONARY EMBOLI

Other conditions (Include pregnancy within 3 months of death) 170c #22

Major findings: Of operations 8/5/48 Burr holes and removal of bilateral subdural hematoma

Of autopsy Autopsy performed (See cause of death)

Duration

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) Accident 81

(b) Date of occurrence July 20, 1948

(c) Where did injury occur? 4 miles west of Jerome Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm-to-market road (near Dixon Mo.) (Specify type of place)

While at work? No (e) Means of injury Automobile

23. Signature L.E. Stilwell (M. D.)

Address VAH, Jeff. Bks. Mo. Date signed 8/6/48

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 9 1946
AUG 30 1948
OCT 5 1948

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 Henry W. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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

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