FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28356

Primary Registration District No. 1003

Registrar's No. 6695

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: Homer G Phillips 8
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5½ Hours (Specify whether
In this community: Four years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St Louis (If outside city or town limits, write "RURAL") 11

(d) Street No.: 1426½ N. 21st St. (If rural, give location) 9

(e) Citizen of foreign country? 21 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Nathaniel Woodson

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of husband or wife: *******

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

7. Birth date of deceased: August 18, 1943 (Month) (Day) (Year)

8. AGE: Years 4 | Months 11 | Days 9 | If less than one day hr. min

9. Birthplace: St Louis County (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Child

11. Industry or business: None

MOTHER FATHER

12. Name: Edward Woodson

13. Birthplace: Robertson, Mo. (City, town, or county) 0 (State or foreign country)

14. Maiden name: Hazel Elliot

15. Birthplace: Porterville, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Hazel Woodson

(b) Address: 1426½ N 21 Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-30-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: C. A. Nash

(b) Address: 3847 Page Blvd

19. (a) (Date received by local registrar) AUG 20 1948 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th year 1948 hour 10 minute 45 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: Ruptured Left Coronary Vein of heart Extensive Pericardial hemorrhage (Cardiac Tamponade) Immediate when he was struck by a Pitcher of and was struck by a Baseball Driven by George Gilliam in front of 1426 N 21st

Due to (or as a consequence of): Occurred 6 PM on July 27, 1948

Other significant conditions: (Include pregnancy within 3 months of death) 0

Major findings: Of operations: 0

Of autopsy: 170

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): Accident

(b) Date of occurrence: July 27 1948

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury: Above 3

23. Signature: Patrick Claylar Dep Cor (M. D. or other)

Address: 1300 Clark Date signed: 7-29-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 O. T. Nosh

Licensed Embalmer No. 2432

P. O. Address 3847 Page Road

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: