

FILED JUL 25 1949

STANDARD CERTIFICATE OF DEATH

State File No. 25430

318

1003

5258

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Jersey					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Jerseyville		d. STREET ADDRESS (If rural, give location) RR, R.R. #2			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital									
3. NAME OF DECEASED (Type or Print) a. (First) Lloyd		b. (Middle) _____		c. (Last) Woods Jr.		4. DATE OF DEATH (Month) (Day) (Year) July 1 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH (last birthday) (Month) (Day) (Year) Oct. 12, 1926 22			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Hand		10b. KIND OF BUSINESS OR INDUSTRY G.M. & O. R.R.		11. BIRTHPLACE (State or foreign country) Jerseyville, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Lloyd Woods Sr.			13b. MOTHER'S MAIDEN NAME Nellie Powers		14. NAME OF HUSBAND OR WIFE None				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give branch or class of service) Yes World War II		16. SOCIAL SECURITY NUMBER 327-22-8589		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lloyd Woods Sr., Jerseyville, Ill.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES					
DUE TO (b) _____				DUE TO (c) Heat Stroke					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 197136					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 9319					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:40 P.M. , from the causes and on the date stated above. H									
23a. SIGNATURE (Degree or title) Patricia E Taylor Cor 3				23b. ADDRESS Boo Clark		23c. DATE SIGNED 7/3/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-2-49		24c. NAME OF CEMETERY OR CREMATORY Jerseyville, Ill.		24d. LOCATION (City, town, or county) (State) Jerseyville, Ill.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 3 1949 J. B. Sabates		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.							

AUG 24 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

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.