

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32454

State File No. ....

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FILED OCT 6 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. No. 117 PRIMARY REG. DIST. No. 1169 Registrar's No. 2049

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saint Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1732 Del Norte</u>		d. STREET ADDRESS (If rural, give location) <u>1732 Del Norte</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>		b. (Middle) <u>Frederick</u>	
		c. (Last) <u>Woolston</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>September 20, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 20, 1885</u>
		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrical Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Electric Co.</u>	
		11. BIRTHPLACE (State or foreign country) <u>Trenton, New Jersey</u>	
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lewis Coates Woolston</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Aitkens Baker</u>	
		14. NAME OF HUSBAND OR WIFE <u>Helen Josephine Smith Woolston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-10-8093</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louis F. Woolston, 1732 Del Norte</u>	
		ADDRESS <u>1732 Del Norte</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastasis from Carcinoma of left kidney.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 mo.</u>	
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
		<u>180X</u>	
19a. DATE OF OPERATION <u>March-1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>180X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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?	
22. I hereby certify that I attended the deceased from <u>3-12-1948</u> to <u>9-20-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-20-</u> , 1949, and that death occurred at <u>12:30 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H.A. GOODRICH</u> (Degree or title)		23b. ADDRESS <u>19 E. Lockwood, Webster Groves, Mo.</u>	
		23c. DATE SIGNED <u>9-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-22-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saint Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-21-49</u>		REGISTRAR'S SIGNATURE <u>Hedward R. ...</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary, 6633 Clayton Rd.</u>	
		ADDRESS	

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

RH-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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ernest W. Spillers  
Licensed Embalmer No. 4080

P. O. Address \_\_\_\_\_

**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.