

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35717

Registrar's No. 9006

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		4. STREET ADDRESS (If rural, give location) 1614 N. Glasgow	
3. NAME OF DECEASED a. (First) Ora		b. (Middle) Woods	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Oct. 13 1949	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 26, 1908
9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months 2 Days 17	IF UNDER 24 HRS. Hour 17 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Tobacco Company	11. BIRTHPLACE (State or foreign country) Birmingham, Alabama
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Frank	
13b. MOTHER'S MAIDEN NAME Frank		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Hattie Willis, 515 Martines, Raton, N. M.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Paresis		INTERVAL BETWEEN ONSET AND DEATH Undet.	
ANTECEDENT CAUSES DUE TO (b) Syphilis			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)			
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 None	
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) 30 (STATE) 30			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 025			
22. I hereby certify that I attended the deceased from 9-29 , 1949, to 10-13 , 1949, that I last saw the deceased alive on 10-13 , 1949, and that death occurred at 6:58 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Herbert E. Brown (Degree or title) M. D.		23b. ADDRESS 2601 N Whittier	
23c. DATE SIGNED 10-13-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-20-49	
24c. NAME OF CEMETERY OR CREMATORY Birmingham, Alabama		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. OCT 19 1949		REGISTRAR'S SIGNATURE J. B. Casater	
25. FUNERAL DIRECTOR'S SIGNATURE E. B. Kounce		ADDRESS 1221 N. Grand	

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 Clarence Orban

Licensed Embalmer No. 4750

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.