

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15139

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3932

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 town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119	
c. LENGTH OF STAY (in this place) 26 yrs		d. STREET ADDRESS (If rural, give location) 3003 Dickson St	
d. FULL NAME OF HOSPITAL OR INSTITUTION (Home) 3003 Dickson St			

3. NAME OF DECEASED (Type or Print) Mr Henry Lincoln Woods			4. DATE OF DEATH (Month) (Day) (Year) 4 26 50		
a. (First)	b. (Middle)	c. (Last)			

5. SEX M 2	6. COLOR OR RACE Cal	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-10-1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Mts.
------------	----------------------	---	----------------------------	------------------------------------	------------------------	----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fire Man		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Birmingham, Ala.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
--	--	-----------------------------------	--	--	--	-------------------------------------	--

13a. FATHER'S NAME Bart Woods		13b. MOTHER'S MAIDEN NAME unknown C		14. NAME OF HUSBAND OR (WIFE) Annie Woods	
-------------------------------	--	-------------------------------------	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Pauline M. Cauley	ADDRESS 401 Bright St Indianopolis, Ind
---	-------------------------	---	---

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured Aortic DUE TO (c) Aneurysm II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND 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) H 51 X
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:59 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E. Taylor, Coronar	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 5/1/50
---	-------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 5-1-50	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM	24d. LOCATION (City, town, or county) (State)
---	------------------	--	---

DATE REC'D BY LOCAL REG. MAY 1 1950	REGISTRAR'S SIGNATURE J. P. Lancaster	25. FUNERAL DIRECTOR'S SIGNATURE Gus Howe	ADDRESS 2930 Dickson St
-------------------------------------	---------------------------------------	---	-------------------------

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Jersden

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.