

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 22 1950

State File No. 32017  
Registrar's No. 7727

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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	
c. LENGTH OF STAY (in this place) 20 Yrs.		d. STREET ADDRESS (If rural, give location) 4055, A. Finney Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital			
3. NAME OF DECEASED a. (First) Mary b. (Middle) Woods c. (Last) Woods			4. DATE OF DEATH (Month) (Day) (Year) 9 8 1950
5. SEX Female 3	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOW 2	8. DATE OF BIRTH 8-21st, 1892
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	11. BIRTHPLACE (State or foreign country) Louisiana /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Domestics	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Major Donell		13b. MOTHER'S MAIDEN NAME Nancy Green	14. NAME OF HUSBAND OR WIFE Henry Woods
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Cora Williams</i> 4943, McPherson Ave

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, asphyxia, 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) Carcinoma of Sigmoid with peritoneal metastases intestinal obstructions		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subroduma		Unknown
DUE TO (c) None		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 153X

22. I hereby certify that I attended the deceased from 8-26-50, 19, to 9-8-50, 19, that I last saw the deceased alive on 9-8-50, 19, and that death occurred at 5:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>J. O. Richard M.D.</i> (Degree or title)	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 9-8-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-14-50	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, County MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Price Funeral Home</i> 2829 Washington Blvd
DATE REC'D BY LOCAL REG. SEP 12 1950	REGISTRAR'S SIGNATURE <i>J. H. ...</i>	

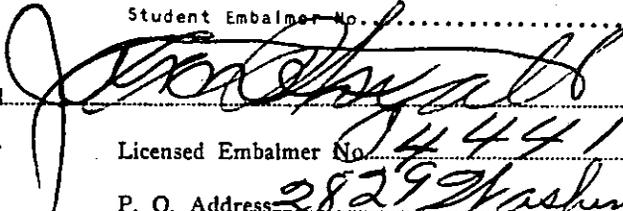
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....  
Signed   
Licensed Embalmer No. 4441  
P. O. Address 2829 Washington

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.