

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39195**  
Registrar's No. **9510**

1003

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO.

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO.		State File No. <b>39195</b>		Registrar's No. <b>9510</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2217</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (in this place) <b>7</b> WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>0</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>932a Russell Blvd.</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Lena</b>		b. (Middle)		c. (Last) <b>Woodley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 7 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>Nov. 19, 1877</b>		9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 48 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo. 0</b>			12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>Peter Weisbrod</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Elmer Woodley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Theodore H. Wehrenberg, 204 So. Eighth St.</b>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Lungs - Liver &amp; Intestines</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Removal of breast in 1947 for cancer.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Removal of breast in 1947. Bernard Harp.</b>						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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>170X</b>							
22. I hereby certify that I attended the deceased from <b>Sept. 29, 1950</b> , to <b>Nov 7, 1950</b> , that I last saw the deceased alive on <b>Nov 7, 1950</b> , and that death occurred at <b>10:50P m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>L. F. Murray</b>				23b. ADDRESS <b>M.D. 605-a-Russell</b>			23c. DATE SIGNED <b>11-9-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation 2</b>		24b. DATE <b>Nov. 10, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>				
DATE REC'D BY LOCAL <b>NOV 9 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Fosater</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister Colonia 1 Mortuary 6464 Chippewa St.</b>				

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

Dr. L. F. Murray  
605 a Russell Blvd.  
9-10,

**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 Linus C Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.