

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39199
Registrar's No. 10073

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) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | d. STREET ADDRESS (If rural, give location) 1909 Division St | |

| | | | | | |
|---|--|-------------|--|-----------|--|
| 3. NAME OF DECEASED (Type or Print) Realious Woods | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 25 1950 | | |
| a. (First) | | b. (Middle) | | c. (Last) | |

| | | | | | | | | |
|--|---------------------------|---|-----------------------------|--|--------------------------|------------------------------|--------------------------|-------------------------|
| 5. SEX male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH unknown | 9. AGE (In years last birthday) 77 | # UNDER 1 YEAR Months | # UNDER 24 HRS. Days | # UNDER 24 HRS. Hours | # UNDER 24 HRS. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret | | 10b. KIND OF BUSINESS OR INDUSTRY - | | 11. BIRTHPLACE (State or foreign country) Alabama | | 12. CITIZEN OF WHAT COUNTRY? | | |

| | | | | | |
|--|--|--------------------------------------|--|--|--|
| 13a. FATHER'S NAME Edd Woods | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE Mollie Woods | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Roberta Duncan Cook | |

| | | | | | | |
|--|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH Undet. | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | |

| | | | | | | |
|--|--|--|--|---|---|--|
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 331X | | |

22. I hereby certify that I attended the deceased from 11-22, 19 50, to 11-25, 19 50, that I last saw the deceased alive on 11-25, 19 50, and that death occurred at 3:40a m., from the causes and on the date stated above.

| | | | | | |
|--------------------------------|--|------------------------------------|--|------------------------------|--|
| 23a. SIGNATURE L. W. Harris | | 23b. ADDRESS 2601 N Whittier St | | 23c. DATE SIGNED 11-25-50 | |
| (Degree or title) M. D. | | | | | |

| | | | | | | | |
|---|--|-----------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 11-29-50 | | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo | |
|---|--|-----------------------|--|--|--|---|--|

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|---|--|---------------------------------------|--|---|--|---------|--|
| DATE REC'D BY LOCAL REG. Nov 27 1950 | | REGISTRAR'S SIGNATURE J. B. Kester | | 25. FUNERAL DIRECTOR'S SIGNATURE Misses Fred 3644 Finney Ave | | ADDRESS | |
|---|--|---------------------------------------|--|---|--|---------|--|

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

1950

Melrose

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address. 3644 Fanny

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.