

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43044

State File No. ....

FILED JAN 13 1951

BIRTH NO. 31798-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11300

1. PLACE OF DEATH a. COUNTY <u>3</u>		2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2299</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Enroute to Homer G. Phillips</u>		e. STREET ADDRESS (If rural, give location) <u>2711 A. Gamble</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sandra</u>	b. (Middle)	c. (Last) <u>Woods</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 31 1950</u>
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5. SEX <u>Female 3</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant 0</u>	8. DATE OF BIRTH <u>May 5, 1950</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR (Months) (Days) IF UNDER 24 HRS. (Hours) (Min.) <u>7 26</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>US A</u>
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13a. FATHER'S NAME <u>Wilson Woods</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Hyche</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilson Woods, 2711 A. Gamble St.</u>
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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. "If" 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)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)	<u>Suffocation when found</u> <u>Dead in bed at her home at 2711 A. Gamble St., on Dec 31, 1950 at about 4:05 am</u>	
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 <u>Accident</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, OR HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo 000</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 31 5:07 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>6924R</u>
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22. I hereby certify that I attended the deceased from 3, 1950, to 31, 1950, that I last saw the deceased alive on 31, 1950, and that death occurred at 4:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Patricia B. Taylor-Carson</u>	23b. ADDRESS <u>1300 Leach</u>	23c. DATE SIGNED <u>12-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 0</u>	24b. DATE <u>1-4-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>JAN 2 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Easton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ellis Funeral Home, Inc. 2820 Stoddard St.</u>
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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 *Gustav E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St. Louis 13*

**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.