

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>University City</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>7042 Washington Blv'd.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri-Baptist Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERIC</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>WOOSTER</u>		4. DATE OF DEATH (Month) <u>11</u> (Day) <u>20</u> (Year) <u>50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 2, 1868</u>
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>2</u>	11. DAYS <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>self employed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Manufacturer's Agent</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton, Massachusetts</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>George Ball Wooster</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Morrill</u>	14. NAME OF HUSBAND OR WIFE <u>Augusta Parker Wooster</u>
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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Augusta Wooster</u> ADDRESS <u>7042 Washington Blv'd.</u>
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) <u>Hypertensive Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial sclerosis</u> DUE TO (c) <u>OK A.F.P.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>11/17-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture of femur - Paged 11/17-50</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT OR HOMICIDE (Specify) <u>Fractured hip</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Fall down stairs at his home</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 P.M. Nov. 11-50</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>11-cty, Mo.</u>	
22. I hereby certify that I attended the deceased from <u>11/16, 1950</u> , to <u>11/20, 1950</u> , that I last saw the deceased alive on <u>11/20, 1950</u> , and that death occurred at <u>6-17 PM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. R. Parman M.D.</u>		23b. ADDRESS <u>3903 Olive</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>NOV 20 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Lupton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Sons - 7233 Delmar Blv'd.,</u>	

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

Je: 4086.  
1-3 P.M.  
Name per Certificate  
issued by City Coroner.

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 Arnold W. Schoene

Signed.....  
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.