

FILED APR 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 14931  
3578  
Registrar's No. ....

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 2089	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1136 Hornsby	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Bapt. Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) John R. Womack	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Apr. 14th. 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 11th, 1870	9. AGE (In years last birthday) 80	10 UNDER 1 YEAR Months	11 UNDER 1 HR. Hours	12. CITIZEN OF WHAT COUNTRY?
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Sgt. (retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Denver, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME William Womack	13b. MOTHER'S MAIDEN NAME Jane Maupen	14. NAME OF HUSBAND OR WIFE Anna Womack
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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) no	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME Anna Womack, 1136 Hornsby	ADDRESS
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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, 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) Cerebral Accident. Meninge		6 WRS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio. Vas. Disease 1/7/49 DUE TO (c) Arterio Sclerosis - Advanced (?)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X
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22. I hereby certify that I attended the deceased from 1/7, 1949, to 4/14, 1951, that I last saw the deceased alive on 4/14, 1951, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. J. Helling M.D. (Degree or title)	23b. ADDRESS 8321 W. Pomademy	23c. DATE SIGNED 4/16/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/17/51	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE RECD BY LOCAL REG. APR 16 1951	REGISTRAR'S SIGNATURE J. B. Franter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. Home, 8319 Hallsferry
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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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Henry W. Wilkinson

Licensed Embalmer No. 3575

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.