

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25530

State File No. \_\_\_\_\_

FILED AUG 15 1951

6925

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>City</u> <u>3</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>City</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>Enroute</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2059</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5963 Enright Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dennis</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Woodside</u>			4. DATE OF DEATH <u>August 1, 1951</u>				
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 4, 1879</u>	9. AGE (in years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>United Van Lines</u>		11. BIRTHPLACE (State or foreign country) <u>Creel Springs, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wesley W. Woodside</u>			13b. MOTHER'S MAIDEN NAME <u>Ann <del>Kane</del> Anna Kimmel</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Kane Woodside</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-16-9259</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dennis K. Woodside 5963 Enright Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) <u>Diabetes mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>gradual</u> <u>20 yrs.</u>	
19a. DATE OF OPERATION <u>7/21/51</u>		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) <u>1:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2ndX</u>			
22. I hereby certify that I attended the deceased from <u>Sept 3, 1949</u> , to <u>Aug 1, 1951</u> , that I last saw the deceased alive on <u>Aug 1, 1951</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. C. Kane Do.</u> (Degree or title)				23b. ADDRESS <u>4260 Manchester</u>		23c. DATE SIGNED <u>Aug 2, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>August 4, '51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marion</u>		24d. LOCATION (City, town, or county) (State) <u>Marion, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 3 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Kasator</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>6175 Delmar Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Clyde E. Kane  
708 Walton  
Ro. 1686

mil

6269

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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 jos. E Mc culloch

Licensed Embalmer No. 2460

P. O. Address 6176 Delmar

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 25530  
Local Registrar's No. 6925

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears \_\_\_\_\_

\_\_\_\_\_ who, upon \_\_\_\_\_ oath, states that the original record of birth  
for Eugene Foodside Woodside died 8-1-1951, 19\_\_\_\_, in the State of  
Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 13b should read \_\_\_\_\_

Instead of \_\_\_\_\_ Anna Kimmel

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Wm B. Delmon Fun Dir  
Relationship.

6175 Delmon  
Present Address.

Subscribed and sworn to before me this 13 day of Aug, 1951

My Commission expires 3-4-53 Wm B. Delmon Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

