

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28871**
Registrar's No. **7885**

BIRTH NO. **52199-51** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) Sx Louis Mo	c. LENGTH OF STAY (In this place) 12 hrs.	c. CITY (If outside corporate limits, write RURAL and give township) Madison	OR TOWN 8120
d. FULL NAME OF HOSPITAL OR INSTITUTION Sx Marys Infirmary		d. STREET ADDRESS (If rural, give location) 815 Webster	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Danella	b. (Middle) Woodcock	c. (Last) Woodcock	(Month) 8	(Day) 26	(Year) 51

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 8-26-51	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 0		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Samuel Woodcock		13b. MOTHER'S MAIDEN NAME Willie Daynes		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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Willie Woodcock (mother)				ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pneumonia					
*This does not mean the mode of dying, such as heart failure, ashenia, 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.					
	DUE TO (b)					
	Pulmonary Edema.					
	DUE TO (c)					
	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 checked="" type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 763.0
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22. I hereby certify that I attended the deceased from **12:30 AM**, 19**51**, to **8:26**, 19**51**, that I last saw the deceased alive on **8-26-51**, 19**51**, and that death occurred at **11:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clifford A. Hancock MD	23b. ADDRESS 360 AS 5th St Est. Louis	23c. DATE SIGNED 8-27-51
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24a. BURIAL - CREMATION, REMOVAL (Specify)	24b. DATE SEP 5 1951	24c. NAME OF CEMETERY OR CREMATORY Anatomical Burial	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. SEP 5 1951	REGISTRAR'S SIGNATURE J. Earl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service	ADDRESS 416 1/2 Manchester Ave
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....

Licensed Embalmer No.....

P. O. Address.....

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.