

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28872**  
**7391**

FILED SEP 1 1951

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

1. PLACE OF DEATH a. COUNTY <b>1</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <b>3319-a California</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>6435 Kinsey Pl.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LAURA</b> b. (Middle) _____ c. (Last) <b>WOODLEY</b>			4. DATE OF DEATH: (Month) (Day) (Year) <b>Aug 17 1951</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 29, 1874</b>	9. AGE (In years last birthday) <b>76</b>	10. MONTH <b>10</b> DAY <b>18</b> HOURS _____ MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Carl Mohr</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Edward Woodley</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. R. Bentzinger</b>	ADDRESS <b>6435 Kinsey Place</b>
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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>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Suddenly</b>
	ANTECEDENT CAUSES <b>Arteriosclerotic Heart Disease</b>		
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE* (a) STATING THE UNDERLYING CAUSE LAST. <b>Arteriosclerotic Heart Disease</b>		
11. OTHER SIGNIFICANT CONDITIONS <b>Atrial Fibrillation and</b>		10 yrs	
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Cerebral Decomposition</b>		6 mo	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4200</b>

22. I hereby certify that I attended the deceased from **18:38, to Aug 17, 1951**, that I last saw the deceased alive on **Aug 16, 1951**, and that death occurred at **7:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>David B. Hosts M.D.</b> (Degree or title)	23b. ADDRESS <b>4909 Lindenwood</b>	23c. DATE SIGNED <b>8/18/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 20, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE RECD BY LOCAL REG. <b>AUG 20 1951</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith - M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b>	ADDRESS <b>Colonial Mortuary, 6464 Chip.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harry J. Schencker

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

**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.**