

No. 300
10.48

Xc 165110R 22 1952

STANDARD CERTIFICATE OF DEATH.

11629

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 607C Registrar's No. 349

1. PLACE OF DEATH

a. COUNTY St Louis

b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St Louis Jefferson Bks Mo

c. LENGTH OF STAY (in this place) D.O.A

d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MISSOURI

b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS

d. STREET ADDRESS (If rural, give location) 6542 MARMADUKE AVENUE

3. NAME OF DECEASED (Type or Print)

a. (First) LOUIS

b. (Middle) G.

c. (Last) WOODS

4. DATE OF DEATH (Month) (Day) (Year) 2-6-52

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED (Specify) NEVER MARRIED

8. DATE OF BIRTH 12-16-89

9. AGE (In years last birthday) 62

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.R. CONDUCTOR

10b. KIND OF BUSINESS OR INDUSTRY RAILROAD

11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME STEPHAN K. WOODS

13b. MOTHER'S MAIDEN NAME ELIZABETH HUNEKE

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WWI

16. SOCIAL SECURITY NO. 702-18-0201

17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BKS. MO.

ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis (acute)

INTERVAL BETWEEN ONSET AND DEATH 3-4 hours

ANTECEDENT CAUSES

* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio Sclerotic Heart Disease

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. U20.0

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 20, 1952 to Feb 6, 1952 that I last saw the deceased alive on Feb 6, 1952, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Ross Schaefer M.D.

23b. ADDRESS 3866 Flora St., St. Louis, Mo.

23c. DATE SIGNED 2-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/9/52

24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES CEMETERY

24d. LOCATION (City, town, or county) (State) St Louis Co Mo

DATE REC'D BY LOCAL REG. 2-9-52

REGISTRAR'S SIGNATURE Herbert R. Dand M.D.

25. FUNERAL DIRECTOR'S SIGNATURE JOHN L. ZIEGENHEIN & SON, 7027 Gravois.

ADDRESS _____

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

Handwritten notes at the top of the page, including the word "Case" and other illegible scribbles.

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

W. G. Peterson

Licensed Embalmer No.

3767

P. O. Address

57 2021 Gravois

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.