

FILED JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22838**
Registrar's No. **5952**

BIRTH NO. **39527** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <i>The Peoples Hospital</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Peoples Hospital		d. STREET ADDRESS (If rural, give location) 4746 Kensington Place	
3. NAME OF DECEASED (Type or Print) a. (First) Roderick b. (Middle) Michael c. (Last) Woods		4. DATE OF DEATH (Month) (Day) (Year) June 23 1952	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 20, 1952
9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 3	IF UNDER 1 HRS. Hours 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Woods		13b. MOTHER'S MAIDEN NAME Beatrice Harris	
14. NAME OF HUSBAND OR WIFE None			
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. None	
17. INFORMANT'S SIGNATURE OR NAME <i>Beatrice Harris</i>		ADDRESS 2235 Cass	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unde termined		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7600

22. I hereby certify that I attended the deceased from **6/20 1952**, to **6/23 1952**, that I last saw the deceased alive on **6/23 1952**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>R. Woods M.D.</i>	23b. ADDRESS 4448 8th Ave	23c. DATE SIGNED 6/23/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-24-52	24c. NAME OF CEMETERY OR CREMATORY Oakdale
24d. LOCATION (City, town, or county) (State) Kemay Missouri		

DATE REC'D BY LOCAL REG. JUN 25 1952	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. GENERAL DIRECTOR'S SIGNATURE <i>Carl Smith</i>	ADDRESS 1221 N. GRAND
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Credent. *Naemmar Nigg*

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 *Guyton H. Swan*

Licensed Embalmer No. *4580*

P. O. Address *4135 Evans Ave*

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.