

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40894

FILED DEC 12 1952

State File No.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 10903

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 30 years		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2249			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1942a Withnell Street				d. STREET ADDRESS (If rural, give location) 24 1942a Withnell Street			
3. NAME OF DECEASED (Type or Print) a. (First) SIDNEY		b. (Middle) EZRA		c. (Last) WOODSON		4. DATE OF DEATH (Month) (Day) (Year) November 25, 1952	
5. SEX M O W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M F		8. DATE OF BIRTH May 14, 1881	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 6 Days 11		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Opr. (retired)		10b. KIND OF BUSINESS OR INDUSTRY Emerson Elec.		11. BIRTHPLACE (City and State or Foreign Country) Paragould, Arkansas		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Helen Schneider Woodson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490-05-0291		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E. Burgherr 4043 Miami Street			
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) <u>Hypertensive Heart Dis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u> <u>10 yrs.</u> <u>15 yrs.</u>	
19a. DATE OF OPERATION		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X			
22. I hereby certify that I attended the deceased from <u>5-31</u> , 19 <u>49</u> , to <u>9-2</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-2</u> , 19 <u>52</u> , and that death occurred at <u>12 noon</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Eugene H. Edelle M.D.</u>				23b. ADDRESS <u>4971 Clippewa St</u>		23c. DATE SIGNED <u>11-26-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-28-52		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. NOV 26 1952		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. 1936 St. Louis Avenue			

(Licensed Embalmer's Statement on Reverse Side)

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

