

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45171

State File No. \_\_\_\_\_

FILED JAN 26 1953

318

1003

11810

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>11810</b>	
1. PLACE OF DEATH a. COUNTY _____				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, Mo.</b>		c. LENGTH OF STAY (in this place) <b>2 Mo. 21 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b> <span style="float: right;">2249</span>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmery</b>				d. STREET ADDRESS (If rural, give location) <b>24 3450 Oregon</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alfred</b>			b. (Middle) _____			c. (Last) <b>Woodward</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 22 52</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Oct. 1, 1888</b>		9. AGE (In years last birthday) <b>64</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cutter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Metropolis, Ill.</b>			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME <b>George Woodward.</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Jeffords</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>City Infirmery Records, 5800 Arsenal St</b>			
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) <b>Generalized Arteriosclerosis.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio Vascular Disease</b> DUE TO (c) <b>Cerebro Vascular Disease.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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? <b>334X</b>			
22. I hereby certify that I attended the deceased from <b>Aug. 1, 1952</b> , to <b>Dec 22, 1952</b> , that I last saw the deceased alive on <b>Dec. 22, 1952</b> , and that death occurred at <b>10:45 p.m.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Salmer Rousseau Bowditch M.D.</b>				23b. ADDRESS <b>5800 Arsenal St.,</b>		23c. DATE SIGNED <b>12-23-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>12-23-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic</b>		24d. LOCATION (City, town, or county) (State) <b>Metropolis, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 23 1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed By W Wilkin

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

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.