

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2759**

FILED JAN 9 1953

BIRTH NO. _____ REG. DIST. NO. **305** PRIMARY REG. DIST. NO. **4452** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville	
c. LENGTH OF STAY (in this place) 35 yrs		d. STREET ADDRESS (If rural, give location) 0920	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) walker	b. (Middle)	c. (Last) Wooldridge	4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct, 4, 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 6 Days 29	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer	10b. KIND OF BUSINESS OR INDUSTRY Law Office	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Wooldridge	13b. MOTHER'S MAIDEN NAME Hall	14. NAME OF HUSBAND OR WIFE Fannie Wooldridge
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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. None	17. INFORMANT'S SIGNATURE OR NAME Fannie Wooldridge, Wentzville, Mo.	ADDRESS
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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) Chronic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 mo. 2 years
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) nephrosis		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 593x	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 19, 1953**, to **Jan 2, 1953**, that I last saw the deceased alive on **Jan 2, 1953**, and that death occurred at **7:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. C. Mc Murray M.D. (Degree or title)	23b. ADDRESS Wentzville, Mo.	23c. DATE SIGNED 1/5/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/6/53	24c. NAME OF CEMETERY OR CREMATOR Unity Cemetery	24d. LOCATION (City, town, or county) (State) Benton City, Mo.
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DATE REC'D BY LOCAL REG. Jan 7/1953	REGISTRAR'S SIGNATURE Martha P. Puff	25. FUNERAL DIRECTOR'S SIGNATURE Morris Muschany ADDRESS Wentzville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

920

No. 300
10-48

JAN 19 1954

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 Harold O. Kusler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.