

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8101

State File No.

FILED FEB 26 1953

318

1003

1700

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 b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer Phillip Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>2324 Cole St. 2219</i>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <i>Mary</i>	b. (Middle) <i>Woodward</i>	c. (Last)	<i>2-9-1953</i>	

5. SEX <i>Female</i>	6. COLOR OR RACE <i>Cauc</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Not known</i>	9. AGE (In years less birthday) <i>abt 56</i>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) <i>Housekeeper</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Leland, Miss</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Dwight Thompson</i>	13b. MOTHER'S MAIDEN NAME <i>Macey Johnson</i>	14. NAME OF HUSBAND OR WIFE <i>Wesley</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Sterling Trim</i>	ADDRESS <i>2324 Cole St</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic myocarditis</i>		
	DUE TO (c) <i>decompensated</i>		
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 checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>4222</i>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *9:40 P.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Sterling Trim</i>	(Degree or title) <i>Coroner</i>	23b. ADDRESS <i>300. Park Ave.</i>	23c. DATE SIGNED <i>2/13/53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>2-16-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>
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DATE REC'D BY LOCAL REG. <i>FEB 13 1953</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith Md</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>A. L. Beal</i>	ADDRESS <i>Ind. Co. 4303 Delmar</i>
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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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Leroy W. Pannietter*

Licensed Embalmer No. *45213*

P. O. Address *3880 Exeter 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.