

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

82087
FILED APR 8 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Unk.		
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. LENGTH OF STAY (In this place) 5 days	c. CITY (If outside corporate limits, write RURAL and give township) Fletcher		2500
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Mary's Hosp.			d. STREET ADDRESS (If rural, give location) Rural route		

3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) Daryl		c. (Last) Woodruff		4. DATE OF DEATH (Month) (Day) (Year) 3-20-53		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 11-8-1952		9. AGE (In years last birthday) 5	IF UNDER 1 YEAR 12	IF UNDER 24 HRS. 12	IF UNDER 1 MIN. 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Thomas Woodruff		13b. MOTHER'S MAIDEN NAME Betty Lou Clark		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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Betty Woodruff, Fletcher, Mo.		ADDRESS	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suppurative Tracheobronchitis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Bronchopneumonia					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		DUE TO (c) Hypaemic of esophagus (Foreign body)					
		II. 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 5391		20. AUTOPSY? YES <input checked="" 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?	

22. I hereby certify that I attended the deceased from 3-15, 1953, to 3-20, 1953, that I last saw the deceased alive on 3-19, 1953, and that death occurred at 6:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE Salvatore N. Diggio, M.D.		23b. ADDRESS St. Mary's Hospital		23c. DATE SIGNED 3-21-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-21-53		24c. NAME OF CEMETERY OR CREMATORY St. Clair, Mo.	

DATE REC'D BY LOCAL REG. 3-21-53		REGISTRAR'S SIGNATURE Herbert R. Lombard		25. FUNERAL DIRECTOR'S SIGNATURE Kitchell F.H. S. Blair, Mo.		ADDRESS	
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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.

Student Embalmer No.....

Signed..... *R. O. Galbreath*

Signed.....
Student Embalmer

Licensed Embalmer No. *317*

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