

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3452

State File No.

FILED FEB 2 1954

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

0600

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence-574a DeBaliviere</u>				e. STREET ADDRESS (If rural, give location) <u>574a DeBaliviere Avenue</u> <u>2059</u>													
3. NAME OF DECEASED (Type or Print) a. (First) <u>SADIE</u>			b. (Middle) <u>RUSSELL</u>		c. (Last) <u>WOODS</u>		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>19</u> (Year) <u>54</u>										
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>July 12, 1873</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days		IF UNDER 2 HRS. Hours		IF UNDER 15 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>Israek Russell</u>				13b. MOTHER'S MAIDEN NAME <u>Eleanor E. Heron</u>				14. NAME OF HUSBAND OR WIFE <u>Leonard Woods</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>Carol Tucker, 7907 Gannon Avenue</u>				ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arteriosclerosis</u>								<u>5 yrs</u>					
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Apoplexy</u>													
				DUE TO (c) <u>Chronic Nephritis</u>								<u>4 yrs</u>					
				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 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) (Min)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>592x</u>									
22. I hereby certify that I attended the deceased from <u>Jan 18 1954</u> , to <u>Jan 19 1954</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE <u>Carol Tucker</u> (Degree or title) <u>P.C.</u>						23b. ADDRESS <u>5162nd Easton Ave.</u>				23c. DATE SIGNED <u>Jan 19 54</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>				24b. DATE <u>1-21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Missouri</u>							
DATE REC'D BY LOCAL REG. <u>JAN 20 1954</u>				REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton & Sons-7233 Delmar Blv'd.</u>				ADDRESS					

(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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.