

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10581

State File No.

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 544

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Shrewsbury</u>		c. LENGTH OF STAY (In this place) <u>4 YEARS</u>		c. CITY OR TOWN <u>Shrewsbury</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7808 Garden Ave.</u>				STREET ADDRESS (If rural, give location) <u>7808 Garden Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>J</u> c. (Last) <u>Woods</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 3 1955</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 31 1874</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>3</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>Nat.</u>	
13a. FATHER'S NAME <u>John Woods</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth (Unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Mary L. Woods</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-16-6554</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Genevive Boverie 7808 Garden Shrewsbury Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation (severe)</u> ANTECEDENT CAUSES (b) <u>Arteriosclerotic CardioVasc. Disease 10 yrs</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Small Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 Hrs</u> <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				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) (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 <u>4/14</u> , 19 <u>52</u> , to <u>3/3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3/3/55</u> , and that death occurred at <u>9:10p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John H. King MD</u>				23b. ADDRESS <u>684 E Big Bend</u>		23c. DATE SIGNED	
24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-7-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3/4/55</u>		REGISTRAR'S SIGNATURE <u>Hebert S. Ramsey</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HOPFMEISTER COLONIAL MORTUARY</u> <u>6464 Chippewa St. Louis, mo</u>			

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

Mr. J. J. King
680 E. Bay Blvd
No. 1-0147

1:00 to 2:00 PM

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 *Harry J. Schamacher*

Licensed Embalmer No. *2679*

P. O. Address *7879 1/2 Broadway*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.