

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20516

State File No.

FILED JUN 27 1955

1003

5214

BIRTH NO. _____ REG. DIST. NO. **318** 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 Missouri, b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	c. LENGTH OF STAY (in this place) 11 Years	c. CITY OR TOWN St. Louis	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 4652 Farlin Avenue, 15,		e. STREET ADDRESS (If rural, give location) 4652 Farlin Avenue, 15, 2070	

3. NAME OF DECEASED (Type or Print) MAYME	a. (First)	b. (Middle)	c. (Last) WOODWARD	4. DATE OF DEATH (Month) (Day) (Year) June 14th, 1955
---	------------	-------------	------------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 14th, 1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
-------------------------	----------------------------------	--	---	--	-----------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	--

13a. FATHER'S NAME Joseph Lang	13b. MOTHER'S MAIDEN NAME Annie Beitz	14. NAME OF HUSBAND OR WIFE Alfred Woodward,
--	---	--

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 Alfred Woodward,	ADDRESS 4652 Farlin Avenue,
---	--	--	---------------------------------------

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) Malignant Teratoma Rt Ovary ↳ Carcinomatous of abd. structures ANTECEDENT CAUSES 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. Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 9 mo 8 yrs
---	--	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 175X
--	--	--

22. I hereby certify that I attended the deceased from **9-11**, 19**53**, to **6-14**, 19**55**, that I last saw the deceased alive on **6-14**, 19**55**, and that death occurred at **12:30P** m., from the causes and on the date stated above.

23a. SIGNATURE Dr. G. H. Puseman MD	(Degree or title)	23b. ADDRESS 4126^a Shrew Ave	23c. DATE SIGNED 6/16/55
---	-------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/18/55	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. JUN 16 1955	REGISTRAR'S SIGNATURE Carl Smith MD	FUNERAL DIRECTOR'S SIGNATURE GALVIN F. FEUTZ	ADDRESS 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.
--	---	--	---

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

ALIC BY ERIF

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 *John A. Mlenia*.....

Licensed Embalmer No. *418*

P. O. Address *St. Louis*.....

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.