

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1957

State File No. **43581**  
Registrar's No. **11715**

318

1003

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 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)		c. CITY OR TOWN ST. LOUIS, MO.		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 (If not in hospital or institution, give street address or location) HOMER PHILLIPAS HOSPITAL				f. STREET ADDRESS (If rural, give location) 3743 WINDSOR PL.					
3. NAME OF DECEASED (Type or Print) a. (First) ALICE		b. (Middle) <del>WOODS</del>		c. (Last) MORGAN Woods		4. DATE OF DEATH (Month) (Day) (Year) 12-16-56			
5. SEX FEMALE 3		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <del>SINGLE</del> Married		8. DATE OF BIRTH JULY 2, 1935			
9. AGE (In years last birthday) 21		If UNDER 1 YEAR Months 7		If UNDER 1 YEAR Days 5		If UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED			10b. KIND OF BUSINESS OR INDUSTRY NONE			11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME CHARLES MORGAN		13b. MOTHER'S MAIDEN NAME WILLA CALDWELL		14. NAME OF HUSBAND OR WIFE George Woods		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES MORGAN 3743 WINDSOR PL.					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock (Burned) Cont-100% Thickness</u>  ANTECEDENT CAUSES <u>Burns of Body - (Flame)</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Occurred when husband of</u> DUE TO (c) <u>release of gas cleaning</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>His had with rupture has that</u> <u>hospitalized on Dec-15th 1956</u> <u>at 5:25 pm</u>				INTERVAL BETWEEN ONSET AND DEATH	
DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				19. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>St Louis E 916.0</u>					
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12/15/56</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>See above</u>					
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 <u>11:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. Earl Smith M.D.</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>12/22/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-21-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>9300 Brown Road</u>			
DATE REC'D BY LOCAL REG. <u>DEC 22 1956</u>		REGISTRAR'S SIGNATURE <u>E. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Honce</u>		ADDRESS <u>1221 NORTH GRAND</u>			

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

Same by 9/11/56

(Licensed Embalmer's Statement on Reverse Side)

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 *Jarvis Brown*.....

Licensed Embalmer No. *4755*

P. O. Address *122/20th*

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.