

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30192

STATE FILE NUMBER

 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7252**

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 4026 Finney HOSPITAL		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 4026a Finney	
3. NAME OF DECEASED (Type or print) First SMITH Middle MNM Last WOODSON		4. DATE OF DEATH Month Day Year AUG. 1, 1957			
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 29, 1918	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY McQuay-Norris		11. BIRTHPLACE (City and state or country) Cairo, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Tom Woodson		14. MOTHER'S MAIDEN NAME Mary Moore	
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.		17. INFORMANT Address Ola Mae Johnson 208 Wells Jackson, Tenn	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERTENSIVE CARDIOVASCULAR DISEASE					INTERVAL BETWEEN ONSET AND DEATH 2 YRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ATHEROSCLEROTIC HEART DISEASE					2 YRS.
DUE TO (c) 443X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) LAENNEC'S CIRRHOSIS					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from APRIL 10, 1957 to JULY 30, 1957 and last saw her alive on JULY 30, 1957 Death occurred at 5:10 A.M. Aug. 1, 1957 date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE F. B. Bradley (Degree or title) F. B. Bradley			22b. ADDRESS M.D. BARNES HOSPITAL		22c. DATE SIGNED 8/1/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-3-57		23c. NAME OF CEMETERY OR CREMATORY Jackson, Tennessee	
24. FUNERAL DIRECTOR A. L. Beal		ADDRESS 4303 Selma		25. DATE RECD. BY LOCAL REG AUG 3 57	
26. REGISTRAR'S SIGNATURE Carl Smith MD m8B					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casualty entered - coroner - county

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Samuel Hughes*.....

Licensed Embalmer No. 48

P. O. Address 4149 Kos

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.