

FILED SEP 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30222

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2089

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		c. LENGTH OF STAY (in this place) <b>21 months</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Old People's Home</b>		STREET ADDRESS (If rural, give location) <b>6650 Oakland Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jane</b>		b. (Middle) <b>Admire</b>	c. (Last) <b>Admire</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>8 21 1957</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>12-22-1866</b>		9. AGE (In years last birthday) <b>90</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Lincoln County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Henry Jasper Woodson</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Hutton</b>	
14. NAME OF HUSBAND OR WIFE <b>Thomas Franklin Admire</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JANE H GROSSMAN 420 SEAWALK</b>	
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) <b>Chronic Hypertension</b> ANTECEDENT CAUSES <b>Resilient</b> 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.	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <b>2</b> 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?			
22. I hereby certify that I attended the deceased from <b>June</b> , 19 <b>46</b> , to <b>Aug 20</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>Aug 20</b> , 19 <b>57</b> and that death occurred at <b>10:10AM.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>William H. Williams MD</b>		23b. ADDRESS <b>3903 Olive St. Kansas Mo</b>	
23c. DATE SIGNED <b>8/21/57</b>		24a. BURIAL, CREMATION, TOMB, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>Aug 23 57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PEAIRRE ETHLYN Mo</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>DREHMANN-HARRAL 1905 Union</b>	
DATE REC'D BY LOCAL REG. <b>8-21-57</b>		REGISTRAR'S SIGNATURE <b>Nesbet B. Donnelly</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. J. Helbing  
3903 Olive  
Je. 3-7562

Hrs. Wed. 1 - 3  
Thurs. none  
Fri. 1 - 3

*Mr. Helbing*  
*83*

**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 *Warren A. Carr* .....  
Licensed Embalmer No. *35*

P. O. Address .....

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.