Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007814

STATE FILE NUMBER 2-1727

FILED MAR 10 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lutheran Hospital — Length of stay in 1b: 8 days	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ] d. STREET ADDRESS (If outside, give location): 4343 Laclede — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Orville Middle: Lee Last: Wooldridge

4. DATE OF DEATH: Month Day Year: Feb. 17, 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: July 15, 1903

9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Traffic Manager

10b. KIND OF BUSINESS OR INDUSTRY: General Grocery Co.

11. BIRTHPLACE (City and state or country): Bonne Terre, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Zeno Wooldridge

13b. MOTHER'S MAIDEN NAME: Cora Vandiver

14. NAME OF HUSBAND OR WIFE: Doris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT: Doris Wooldridge Address: 4343 Laclede St. Louis, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) SPINAL CORD INVASION + DAMAGE — INTERVAL BETWEEN ONSET AND DEATH: 3-4 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) FAR-ADVANCED CARCINOMA OF LUNG — 1-2 MOS.

DUE TO (c) 163 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): OSSEOUS METASTASES (RIBS)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 2/9/59, to 2/17/59 and last saw her/him alive on 2/17/59. Death occurred at 10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Richard W. Gore (Degree or title) M.D.

22b. ADDRESS: 4952 Maryland Ave.

22c. DATE SIGNED: 2/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Feb. 20, 1959

23c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cemetery

23d. LOCATION (City, town, or county) (State): Lemay, Missouri

24. FUNERAL DIRECTOR: C. Hoffmeister Mortuaries — ADDRESS: 7814 So. Broadway St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: FEB 18 '59

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. mjc

(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 Lewis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broa

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.