ISOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-016081
STATE FILE NUMBER

AMENDED ✓

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1052

FILED MAY 8 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY: St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton

Length of stay in 1b: D. O. A.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis County Hospital

Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN: Ferguson

Inside Limits: Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location): 42 Fenwick Dr.

Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Donald Middle: Richard Last: Woodson

4. DATE OF DEATH: Month: April Day: 16 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-20-99

9. AGE (last birthday): 62

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HR: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Store

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

12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: Colombus T. Woodson

13b. MOTHER'S MAIDEN NAME: Camille Admire

14. NAME OF HUSBAND OR WIFE: Ruth L. Woodson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): ——

17. INFORMANT: Mrs. Ruth L. Woodson Address: Ferguson, Mo.

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): Unknown Natural Causes

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

DUE TO (b):

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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 ____, to ____ and last saw her/him alive on ____

Death occurred at 10:38A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John C. Murphy M.D. John C. Murphy MD Asst. Health Commissioner

22b. ADDRESS: 801 S. Brentwood Clayton, Mo.

22c. DATE SIGNED: 4/24/61

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

23b. DATE: 4-19-61

23c. NAME OF CEMETERY OR CREMATORY: Wilson Cemetery

23d. LOCATION (City, town, or county) (State): Troy, Mo.

24. FUNERAL DIRECTOR: White-Mullen Mortuary ADDRESS: Ferguson, Mo.

25. DATE RECD. BY LOCAL REG.: 4-17-61

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 33

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