No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36919

State File No.

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9149

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19
9

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

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community years, months or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:

000
176
7
0

(a) State Missouri (b) County

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3855 Hartford
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 70 years.

3. (a) PRINT FULL NAME E Humphry X Woolrych Humphrey

3. (b) If veteran, name war No.

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bertha Woolrych

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 1, 1864
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	9	16	hr. min.

9. Birthplace Sidney Australia
(City, town, or county) (State or foreign country)

10. Usual occupation Artist

11. Industry or business Self

12. Name Francis Woolrych

13. Birthplace Australia
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace England
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant E Humphry Woolrych

(b) Address 3855 Hartford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 19 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director Howard & Lan

(b) Address 4212 St Louis Avenue

19. (a) NOV 18 1941 (Date received local registrar) (b) J T Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1941, to death, 19...; that I last saw him alive on Nov. 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Exhaustion	
Due to Carcinoma Spine	3 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work (e) Means of injury

23. Signature Edward B Clifford (M. D. or other)

Address Missouri Athletic Club Date signed Nov. 18, 41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Jos A. Howard

Licensed Embalmer No. 4139

P. O. Address 4913 ST LOUIS AV

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St Louis }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 9149

On this 27 day of April, 1945, before me appears F. Humphrey Woolwych, who, upon his oath, states that the original record of ~~birth~~ death for Humphrey F. Woolwych, ~~died born~~ November 17 1944, in the State of Missouri, and which was filed at St Louis, on Nov. 18, 1941, should be corrected as follows:

Item No. 3. should read F. Humphrey Woolwych
Instead of Humphrey F. Woolwych

Item No. 16 should read F. Humphrey Woolwych Jr
Instead of F. Humphrey Woolwych Jr.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant F. Humphrey Woolwych Son
Relationship.

3855 Hartford St Louis Mo.
Present Address.

Subscribed and sworn to before me this 27 day of April, 1945

My Commission expires Dec 3- 1948

J. E. Blake Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
I X36929

1941

S-36919