

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38484

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo (No. 3115 W 11th St)

File No.....
 Registered No. 11159
 St..... Ward)

2. FULL NAME

Charles Woodcock
 (a) Residence. No..... St., 26 Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 26 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 1 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Huckster
 (b) General nature of industry, business, or establishment in which employed (or employer) W
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

10. NAME OF FATHER William Woodcock

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Net Marvin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT (Address) Charles Woodcock Jr
3115 W 11th St

15. FILED Oct 13 1927 Max G. Starves
 REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12th 1927

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 4 P..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis due to
Gas Poisoning
 CONTRIBUTOR (SECONDARY) (Fuel) 11/40
suicide

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....
9 WAS THERE AN AUTOPSY?.....

10 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) R. B. Bell M. D.
4117 Address) Cirwood

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Bethelohem **DATE OF BURIAL** Dec 15 1927

20. UNDERTAKER Maths Hermann & Son **ADDRESS** 4103rd Flourissant

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

