

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.

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

Do not use this space.

791
1008

23356

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. St. Lukes Hosp) St. Ward)

File No.....
Registered No. 6834

2. FULL NAME

Harold C Woodward
(a) Residence, No. #3 Pierced Lane St., 12 Ward. St. Louis Co. Mo.
(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 1890

7. AGE YEARS MONTHS DYS IF LESS THAN 1 day, hrs. or min. 41 1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice president

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodward & Jewell Printing Co

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation

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

13. NAME Edgar B Woodward

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

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Louis B Woodward (ADDRESS) 6233 Westminister

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE June May 28 1931

19. UNDERTAKER (ADDRESS) Frank J. Hill

20. FILED May 28 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/22/31 1931

22. I HEREBY CERTIFY, That I attended deceased from 6/12/31 1931 to 6/22/31 1931

I last saw him alive on 6/21/31 1931. Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Septicaemia due to Strep. to Cocci viridans Date of onset

Other contributory causes of importance: 36

Name of operation Embolotomy Date of 6/12/31
What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1931

Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) E. D. Martin, M. D.

(Address) 908 Beaumont Bldg

