

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

Do not use this space.

13913

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170 File No. \_\_\_\_\_  
 Township Central Primary Registration District No. 6248H Registered No. 88  
 City St. Louis Marys Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Anna Woodside  
 (a) Residence, No. 5525-a Palm St. \_\_\_\_\_ 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 Female 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 Edw. Woodside

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 5 26

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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

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

13. NAME Frank J. Holden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 191

15. MAIDEN NAME Margaret Mahoney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis mo

17. INFORMANT Edw. Woodside  
 (ADDRESS) 5525-a Palm St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE April 16<sup>th</sup> 1932

19. UNDERTAKER Arthur J. Connelly and Co  
 (ADDRESS) 2039 Oak St.

20. FILED 4/15- 1932 E. L. Jovan  
 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from March 27 1932 to April 13 1932  
 I last saw h. 6 hrs. alive on April 13 1932 Death is said to have occurred on the date stated above, at 1:10 P.M.

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

Torula meningitis Date of onset 3/11/32

Other contributory causes of importance: 79A 1932  
155A 1932  
17W

Name of operation Laminectomy Date of 4/11/32

What test confirmed diagnosis? laboratory Was there an autopsy? ye

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) Henry J. Farrey, M. D.  
 (Address) 6198 Central St. Jovan

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.

APR 29 1932

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77  
77

SP. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

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