

JUN 23 1936

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

Do not use this space.

File No. **21588**
Registered No. **60**

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
Township _____ Primary Registration District No. 4470
City University City (No. 721) Eastgate Ave St. _____ Ward _____

2. FULL NAME

Mary Ellen Woods
(a) Residence, No. 721 Eastgate St., _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John J. Woods</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10, 1861</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>11</u>
	DAY <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>St Louis</u> <u>mo</u>		
FATHER	13. NAME <u>Jeremiah Whalen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Singer, (Katherine)</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Margie Bresham</u> <u>721 Eastgate</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cabary Ave.</u> DATE <u>May 4, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Alexander and Sons</u> <u>6175 Delmar</u>		
20. FILED <u>May 2, 1936</u> <u>Lena V. Moeller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1st, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 31st, 1936, to May 1st, 1936
I last saw h. or alive on May 1st, 1936. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral haemorrhage Date of onset April 30, 1936
Coma

Other contributory causes of death:
abdominal tumor malignant?
Previous cerebral haemorrhage
about 6 or 7 yrs ago

Name of operation _____ Date of _____
What test confirmed diagnosis? none Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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 Jacobson, M. D.
(Address) 705 Olive St.

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.

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1. PLACE OF DEATH
 County St. Louis Registration District No. 1160
 Township _____ Primary Registration District No. 4470
 City University City St. _____ Ward _____

2. FULL NAME Mary Ellen Woods
 (a) Residence, No. _____ 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.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 11 24

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Cerebral Hemorrhage
coma
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance:
Abdominal tumor
malignant
unable to determine - no post mortem allowed

MOTHER / FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

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

Name of operation _____ Date of _____
 (What test confirmed diagnosis? _____ Was there an autopsy? _____)

17. INFORMANT (ADDRESS) _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide _____ Date of injury _____, 19____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS) _____

Manner of injury _____
 Nature of injury _____

20. FILED Sept. 23 1936 Henry V. Moeller Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Henry Jacobson, M. D.
 (Address) 705 Olive St

SUPPLEMENTAL

Central 9279-1-4

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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