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.

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

Do not use this space.

791

9276

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 2865

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis Mo. (No. 4704 Varrelman Ave. St. ..... Ward)

2. FULL NAME Ida B. Woodruff 361

(a) Residence, No. 4704 Varrelmam Ave. St., ..... Ward. 15 (If nonresident, give city or town and State)
(Usual place of abode)

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: Herman Woodruff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 27 1872

7. AGE: 65 YEARS, MONTHS: 10, DAYS: 29 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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.: Housewife
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): Missouri 0

FATHER

13. NAME: James Sneed. 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia 9

MOTHER

15. MAIDEN NAME: Susan Moppen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Herman Woodruff 4704 Varrelman Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marcus DATE March 28 1938

19. UNDERTAKER (ADDRESS): Thos Kutis. 2906 Gravois Ave.

20. FILED MAR 27 1938 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3 — 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6 - 3, 1937, to 9 — 6, 1937

I last saw her alive on 9 — 6, 1937. Death is said to have occurred on the date stated above, at 8 30 a.m.

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

Chronic myocarditis — Date of onset 9

59

Other contributory causes of importance:

Diabetes
Parenchymatous nephritis, chronic

Name of operation — Date of —

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? — 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) Edna M. Stone, M. D.

(Address) 4916 Odell.

EMBALMED BY THOS.KUTIS.

L.E. 1619

Thos Kutis

L.E. 1619