

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33709
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **4326 Cote Brillante Ave** Registered No. **8695**
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Isaac Henry Woods**

(a) Residence, No. **4326 Cote Brillante Ave** St. **11**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pansy Woods				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24th 1883				
7. AGE YEARS 55	MONTHS 8	DAYS 9	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Detective			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation 13	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville, Tenn.				
FATHER	13. NAME Sam Woods			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville, Tenn.			
MOTHER	15. MAIDEN NAME Delsie Broodwin			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville, Tenn. Pansy Woods			
17. INFORMANT 4326 Cote Brillante Ave (ADDRESS)				
18. BURIAL, CREMATION; OR REMOVAL PLACE Washington Park DATE Oct 6th '38				
19. FUNERAL DIRECTOR (NAME) A. L. BEAL (ADDRESS) 2726 Lucas St.				
20. FILED BY J. P. Brede 5 1938 Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-2-1938**

22. I HEREBY CERTIFY, That I attended deceased from **9-6-1938** to **10-2-1938**
 I last saw him alive on **10/5/38** Death is said to have occurred on the date stated above, at **8:05 P.M.**
 The principal cause of death and related causes of importance were as follows:
Chronic bronchitis
Chronic emphysema
Other contributory causes of importance:
N.P.W. - 272.

Name of operation **Chronic Bronchitis**
 What test confirmed the diagnosis?

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?
 If so, specify
 (Signed) **J. P. Brede** M. D.
 (Address) **2726 Lucas St. Jefferson**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by Cassius M. Bendleton

Registered Apprentice No. 125, working under my personal supervision.

Signed Birdie Beal Anderson

Licensed Embalmer No. 2929

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.