

REC'D NOV 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

34035
Do not use this space.

1. PLACE OF DEATH

(a) County _____ Registration District No. 1003
(b) Township _____ Primary Registration District No. _____ Registered No. 9021
(c) City St. Louis, Mo. (d) Street No. Bethesda Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred N.R. yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Luther Woods

(a) Residence, No. _____ St. NR Ellington, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Ellen Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28/1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 2 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Sept. 1938 11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steeleville Missouri

FATHER 13. NAME Eli Woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

MOTHER 15. MAIDEN NAME E. Powell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

17. INFORMANT Hazel Ellis
(ADDRESS) 2603 N. Spring, Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ellington, Missouri DATE Oct. 17/38

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe, Inc.
(ADDRESS) 4700 Washington, Ave.

20. FILED OCT 16 1938 J. P. Brebeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15/ 19 38

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1938, to October 15, 1938
I last saw him alive on October 14, 1938 Death is said to have occurred on the date stated above, at 11 P. m.

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

Seven hemorrhoids of long duration Removal with general sepsis Date of onset _____

Other contributory causes of importance:

Septicemia

Name of operation Hemorrhoidectomy Date of Oct 5/38
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Poland Hill M. D.

(Address) 4660 Maryland

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.

W. W. W.
Grantham

Hill
4660 Myland?
466

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 _____

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

Signed J. S. Sullivan

Licensed Embalmer No. 1622

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.