DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24124

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6397

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jewish Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days. (Specify whether
In this community 30 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ST LOUIS

(c) City or town ~~St. Louis~~ UNIVERSITY CITY NR
(If outside city or town limits, write "RURAL")

(d) Street No. 7350 Lindell Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lucille Woods. 320

3. (b) If veteran, name war

3. (c) Social Security No. 499-05-8059

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Thomas Woods.

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July (Month) 8 (Day) 1898 (Year)

8. AGE: Years 41 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Dress Shop Employee.

11. Industry or business

FATHER
12. Name Joseph Slower.
13. Birthplace Illinois.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jeanette Terhune.
15. Birthplace Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Geo. Hall
(b) Address 6288 Magnolia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-39 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JUL 20 1939 (Date received local registrar) (b) J. B. Budnick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th. year 1939 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 11th, 1939 to July 18, 1939 that I last saw him alive on July 18, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pelvic Peritonitis	6 days
Due to: Non malignant	
Due to: Non puerperal non venereal cause unknown	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Chr. pelvic inflammation
Of autopsy Peritonitis

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? St. Louis (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature Dr. P. D. Stahl (M. D. or other)
Address 462 N. Taylor Date signed 7/19/39

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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

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