1939 SEP 12 1939

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

30257
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 2 Registration District No. 784
(b) Township Primary Registration District No. 115 Registered No. 1583
(c) or City Univ City (d) Street No. 7329 Teasdale 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 3-50 David Wyot Woods.
(a) Residence, No. 7329 TEASDALE AVE St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 MARGARET WOODS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-19-1879

7. AGE: YEARS 59 | MONTHS 8 | DAYS 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as saw mill, bank, etc. FUNERAL DIRECTOR
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) MEXICO MO

FATHER
13. NAME JOHN WOODS 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 6

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MARGARET WOODS 7329 TEASDALE AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE BELLEFONTAINE DATE 9/7/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) ROBERT J AMBRUSTER 6633 CLAYTON RD.

20. FILED 9-6, 1939 [signature] Local Registrar. 707
SEP 6 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 5th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from JANUARY 1st, 1939, to SEPT 5th, 1939
I last saw him alive on SEPT 4th, 1939. Death is said to have occurred on the date stated above, at 2:30 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY OCCLUSION.	9-5-39
94b	
Other contributory causes of importance:	
Arterial Sclerosis.	1-1-39

Name of operation None Date of: —
What test confirmed diagnosis? B.P. Heart Sounds 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 Natural Causes
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Natural Cause
(Signed) Scott Hener M.D. M. D.
(Address) 634 N. GRAND BLVD.

(Licensed Embalmer's Statement on Reverse Side)

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 Edward H. Bockhorst, Registered Apprentice No. ..... working under my personal supervision.

Signed Edward H. Bockhorst

Licensed Embalmer No. 2502

P. O. Address Clayton Mo.

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

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