

N. R.—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.

JAN 12 1940 **791**  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: Homer G Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
Unknown (Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Wilbert Woodson 325  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 30, 1909  
(Month) (Day) (Year)

8. AGE: Years 29 Months 11 Days 5 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Saint Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Charles Woodson  
18. Birthplace Saint Louis, Missouri  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Beulah Gray  
15. Birthplace Saint Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas Woodson  
(b) Address 4334a North Market Street

17. (a) Burial (b) Date thereof 12/7/1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director Charles J. Gates  
(b) Address 4107 Finney Avenue

19. (a) DEC 6 1939 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4125 Finney  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4  
year 1939 hour 4:00 minute 25 P. M.

21. I hereby certify that I attended the deceased from  
December 1, 1939, to December 4, 1939;  
that I last saw h. im alive on December 4, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
Pulmonary Tuberculosis About 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(City or town) (County) (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 M. W. Allen (M. D. or other) \_\_\_\_\_

Address 2601 N. Whittier Date signed 12/6/39

**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.....

**James A. Johnson**

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

working under my personal supervision.

Signed

*James A. Johnson*

Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

**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.**