No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 15 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13480

Registrar's No. 3682

12

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County 1

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

(c) Name of hospital or institution: Homer Phillips (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

0

(a) State Mo. (b) County

(c) City or town St Louis (If outside city or town limits write "RURAL") 11

(d) Street No. 4317 Kennerly (If rural, give location)

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Viola Woods 32

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband ~~or wife~~ Clarence Woods

6. (c) Age of husband ~~or wife~~ if alive 30 years

7. Birth date of deceased 3 (Month) 17 (Day) 08 (Year)

8. AGE: Years 32 Months 1 Days 2 If less than one day hr. 6 min.

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

10. Usual occupation House wife 1

11. Industry or business 6

FATHER
12. Name Charles P. Waldon
13. Birthplace Paducah Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cardelia Tucker
15. Birthplace Bonfils (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Marjorie Ligon

(b) Address 3042 Normandy pl Evanston Ill

17. (a) Washing (Burial, cremation, or removal) (b) Date thereof 4 (Month) 24 (Day) 1940 (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bro.

(b) Address 3704 Finney

19. (a) APR 23 1940 (Date received local registrar) (b) J. F. Buchek (Registrar's signature)

20. DATE OF DEATH: Month 4 day 20 - 1940 year hour 1 minute 20 A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sigmoid and Rectum

Due to metastasis, primary unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Lewis (M. D. or other)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1948

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 Louis V. Atkins

Licensed Embalmer No. 2542

P. O. Address 364 W Fannie

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.