

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

5112

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4967a Suburban Ave. Tracks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4967a Suburban Ave. Tracks
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Jess Thomas Woods 320

8. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased June 15 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 11 24 hr. min.

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

10. Usual occupation Attendant-Owner

11. Industry or business Shell Filling Station

12. Name John Woods

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Brown

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jess T. Woods

(b) Address 4967a Suburban Ave. Tracks

17. (a) Removal (b) Date thereof 6-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JUN 11 1940 (b) J. F. [Signature]
(Date received local registrar) (Registered Embalmer)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1940 hour 7:15 minute P.M.

21. I hereby certify that I attended the deceased from May 25
1940, to June 8 1940
that I last saw him alive on June 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Tuberculosis (Pulmonary) 8 months

Due to Hemorrhage (Pulmonary) 3 days

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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. E. Jones (M. D. or other) _____

Address 4506 Olive St Date signed June 11 1940

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

MOTHER FATHER

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. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address *4704 Washington Bl.*

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.