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Re 0010

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22886

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 1131

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
212 Albert
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME John J. Woods Jr. 320

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex M 5. Color or race W 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 Dec. 30, 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 5 12 hr. _____ min.

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

10. Usual occupation nil

11. Industry or business _____

12. Name John J. Woods

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

14. Maiden name Loretta C. Hamill

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Woods

(b) Address 212 Albert

17. (a) Burial (b) Date thereof 6-14-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) JUN 13 1940 (b) J. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 212 Albert
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1932
1932 to June 12th 1940
that I last saw him alive on June 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia lobar
convulsion

Due to _____

Due to _____

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

Major findings Congenital

Of operations _____

Of autopsy 108

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? YAN

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

23. Signature W. Alexander Smith (or other) _____
Address Webster Groves Date signed 6-12-1940

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

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. H. Burgess

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.