

S. No. 2
-11-10-39
5-17-39
I.X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

File No. **23792**
Registrar's No. **6237**

FILED AUG 25 1940 791
Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Louis, Mo.
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hosp
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 5 wks
(Specify whether _____)
In this community 15 years
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 3914 Schiller Place
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Elmer D. Woodley

8. (b) If veteran, 492601-0502 name war None
8. (c) Social Security No. 078-05-1120

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LENA
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Oct 8 1877
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 75
If less than one day _____ hr. _____ min.

9. Birthplace: Chester Ill
(City, town, or county) (State or foreign country)

10. Usual occupation WATCHMAN

11. Industry or business J.C. Penney's Merc. Co.

MOTHER FATHER { 12. Name Jacob Woodley
13. Birthplace Alstoe, Maine MEYBERRY
(City, town, or county) (State or foreign country)
14. Maiden name Mary Buyette
15. Birthplace Kaskaskia Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Lea Woodley
(b) Address 3914 Schiller Place

17. (a) BURIAL (b) Date thereof 7-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director W. B. Davis & Co
(b) Address 2929 S. Jefferson Ave
19. (a) JUL 25 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1940 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 19th
1940 to July 23, 1940
that I last saw him alive on July 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion } 2 yrs
Chronic myocarditis } 1939
Due to Left nephritis }
Left urethritis } 3 months
Prostatitis }
Other conditions: 137
(Include pregnancy within 3 months of death)

Major findings: Transcatheter
Of operations: reaction for hypertension
Of autopsy: as above

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 Charles S. ... (M. D. or other)
Address 3651 Brandebury Date signed 7/24/40

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.....

Paul A. Shanklin

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Paul A. Shanklin

Licensed Embalmer No. *3477*

P. O. Address *9999 Jefferson*

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.