DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39708

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 2089

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 8149 Gravois Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Gardenville (If outside city or town limits, write "RURAL")

(d) Street No. 8149 Gravois Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Veronica Woods

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

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive *** years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 73 Months Days If less than one day ____ hr. ____ min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknpwn (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thomas Madden

(b) Address Public Administrators Office

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) NOV 6 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day November year 1940 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from October 24, 1940, to Nov. 5th, 1940; that I last saw her alive on November 1st, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency Arteriosclerosis Very poorly nourished Emaciated

Due to Poor appetite

Due to

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

Major findings: Of operations 92°

Of autopsy No

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 J. J. Meredith (M. D. or other)

Address 1289 N. Kingshighway Date signed 11-6-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Mederith
Kingsbury & Co. Jr

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 Frank S. Owen

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.