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7-39
X23

JAN 8 1941

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2303

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1301 Argus Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Andrew Woodson

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

4. Sex male 5. Color or race colored 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 Mar. 6 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>8</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation nil.

11. Industry or business _____

12. Name Henry Woodson

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

14. Maiden name Elizabeth Ottoway

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

16. (a) Informant Lillian Woodson

(b) Address 1301 Argus

17. (a) Washington (b) Date thereof 12 7 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director J. C. Hester

(b) Address Master Director

19. (a) DEC 7 1940 (b) D. K. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4 year 1940 hour 9 minute 35 A. M.

21. I hereby certify that I attended the deceased from 12-2-40 to 12-4-40, 19____; that I last saw him alive on 12-4-40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death PT. pulmonary embolus Duration hrs. ?

Due to Cardiac thrombus ?

Due to PTA

Other conditions Cerebral accident anthracosis 2 yrs.
(Include pregnancy within 3 months of death) yes.

Major findings: Of operations _____

Of autopsy PT. pulmonary embolus, healed cardiac infarct, encephalosis, infarct of spleen fibrous coronary atherosclerosis

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 L. Korman (M. D. or other) !

Address Mo. Louis Co. St. Joseph Date signed _____

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

MOTHER FATHER

10
11
12

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.