No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

V-10 0635

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43921

FILED JAN 8 1941

Registration District No. 7484 Primary Registration District No. 115 Registrar's No. 2392

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: ~~St~~ University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7481 Gannon 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: 15 yrs. 2

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: University City
(If outside city or town limits, write "RURAL")
(d) Street No.: 7481 Gannon Ave.
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Alma E. Woods

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Garland W. Woods

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: April (Month) 26, (Day) 1890 (Year)

8. AGE: Years 50 Months 7 Days 28 If less than one day ____ hr. ____ min.

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

10. Usual occupation: Housewife 0

11. Industry or business: 6

FATHER
12. Name: Frank R. Landwehr 6
13. Birthplace: ---- (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name: Caroline Seiver
15. Birthplace: ---- (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Garland W. Woods
(b) Address: 7481 Gannon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 19, 1940. (Month) (Day) (Year)
(c) Place: burial or cremation: Zion Cemetery

18. (a) Signature of funeral director: Wm. M. Schumacher
(b) Address: 4834 Natural Bridge.

19. (a) DEC 18 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th, year 1940 hour 9:25 minute P. M.

21. I hereby certify that I attended the deceased from Nov 25, 1940, to Dec 17, 1940, that I last saw her alive on Dec 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia (Antecedent) — Duration: 4 days

Due to: Acute Parenchymatous Nephritis

Due to: Exposure to Cold & wet

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 108
Of autopsy: —

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

23. Signature: Emma Phelan (M. D. or other) 1
Address: 5321 Bartmer Date signed: 12/18/40

(Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.