

FEB 25 1941

1003

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH

(a) County St Louis Mo
(b) City or town _____
(c) Name of hospital or institution: St Johns Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5059 Terry Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1941 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec 15
1940 to Jan 4, 1941
that I last saw him alive on Jan 4, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchitis pneumonia Duration 20 days

Due to _____

Due to _____

Other conditions: 107
(Include pregnancy within 3 months of death)

Major findings: _____

Of autopsy _____

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)
(a) Means of injury _____

23. Signature J.P. Corbett (M. D. or other) 0
Address W. 12th St St. Louis Date signed 1/4/41

3. (a) PRINT FULL NAME Helen V Woodford

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased 10-1-1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Emerson Woodford

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

14. Maiden name Helen Nolan

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

16. (a) Informant Emerson Woodford

(b) Address 5059 Terry Ave

17. (a) Burial (b) Date thereof 1/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director William E. Fuch

(b) Address 2849 N. Euclid
19. (a) JAN 6 1941 (b) J.P. Corbett
(Date received local registrar) (Registrar's signature)

49523 Mary Lind

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 Al Mayfield
Licensed Embalmer No. 3077
P. O. Address St Louis Mo

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.