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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

Registration District No. 91

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 949

Primary Registration District No. 1003

Registrar's No. 919

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1922½ Division 1
(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. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 500
(c) City or town St. Louis 121
(If outside city or town limits, write "RURAL")
(d) Street No. 1922½ Division 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Sam Woodard

8. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Rebecca Woodard

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Mar (Month) 5 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
48	10	21	hr. min.

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

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Joe Woodard
13. Birthplace Clay County (City, town, or county) Miss (State or foreign country)

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

16. (a) Informant Rebecca Woodard
(b) Address 1922½ Division St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director G. A. Green
(b) Address 2915 Franklin Ave

19. (a) JAN 24 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1941 hour 4 minute 30 a. m.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Parotid Gland with metastases to both lungs — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 Thomas F Callan (M. D. or other)
Address Deputy Coroner Date signed 1/27/41

(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 G. A. Green

Licensed Embalmer No. 29633

P. O. Address 2915 Franklin a

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.