

MAR 25 1944

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1124

1. PLACE OF DEATH:

(a) County ST. LOUIS
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
HOMER G. PHILLIPS HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ABOUT 2 WEEKS
 (Specify whether
 In this community 49 YEARS
 years, months or days)

8. (a) PRINT FULL NAME SAMUEL ARTHUR WOODSON
 8. (b) If veteran, name war NO
 8. (c) Social Security No. 497-01-9610

4. Sex MALE 5. Color or race NEGRO
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife LEILA WOODSON
 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased AUGUST 31st 1980
 (Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days XX
 If less than one day hr. min.

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

10. Usual occupation LABORER

11. Industry or business COKE PLANT

12. Name JOHN WOODSON

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

14. Maiden name JANE EVANS

15. Birthplace NORFOLK VIRGINIA
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Leila Johnson Woodson

(b) Address 609 E. Espenscheid

17. (a) RURAL (b) Date thereof 2/5-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEMETERY

18. (a) Signature of funeral director Chas. E. Patten

(b) Address 2030 BENT AVENUE

19. (a) 3 3 1944 (b) J. T. Budeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
 (c) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 609 E. Espenscheid
 (If rural, give location)
 (e) Foreign born, born (long in U.S.A.) years

20. DATE OF DEATH: Month Jan day 31st
 year 1941 hour 4:20 minute 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 Tuberculous Pneumonia
Primary
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 100

Major findings: Of operations _____
 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)
 (e) Means of injury 23
 23. Signature Arthur J. Perry (M. D. or other)
 Address 1111 1/2 E. 11th Date signed 2/3/44

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

William C. Mc Dowell

Registered Apprentice No.....

working under my personal supervision.

Signed.....

William C. McDowell

Licensed Embalmer No.....

2114

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, above space should be left blank.