S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1947

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 1037

Registrar's No. 209

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 4 hours (Specify whether years, months or days)

In this community 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 4217 E. Page Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lenora Woodard

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 2 — 1 — 15 — 1900 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day hr. min.
41 yrs	11	4	

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Willie + Mae Ella Austin
13. Birthplace Missippi (City, town, or county) American (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace Missippi (City, town, or county) American (State or foreign country)

16. (a) Informant Eva Mitchell
(b) Address 4217 Page Blvd

17. (a) (Burial, cremation, or removal) (b) Date thereof Cayton 1-9-42 (Day) (Year)
(c) Place: burial or cremation Shipped to Miss

18. (a) Signature of funeral director Boyd Bro's
(b) Address 3704 Finney Ave.

19. (a) JAN 8 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5, 1942
year hour 10 minute 55 A. M.

21. I hereby certify that I attended the deceased from January 4, 1942, 19, to January 5, 19 42, that I last saw her alive on January 5, 19 42, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 week
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. J. Brum (M. D. or other)
Address 2601 Whittier Date signed 1-5-41

(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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.