

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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:
3867 Utah Pl.
(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 31 yrs.

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. 3867 Utah Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

000
167
166
160

3. (a) PRINT FULL NAME Frank H Woodard

3. (b) If veteran, name war No
3. (c) Social Security No. 976-07-1120

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Olive
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug 6 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace N. New York
(City, town, or county) (State or foreign country)

10. Usual occupation Road boss

11. Industry or business Public Svc Co.

12. Name Ira Woodard

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

14. Maiden name Mary Hitchcock

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Olive Woodard

(b) Address 3867 Utah Pl.

17. (a) Burial (b) Date thereof 1-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Walter Dickman

(b) Address 4355 Washington

19. (a) JAN 16 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1942 hour 1045 minute P. M.

21. I hereby certify that I attended the deceased from 1-14-, 1942, to 1-14-, 1942
that I last saw him alive on 1-14-, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Arteriosclerosis

Due to Myocardial infarction

Other conditions None
(Include pregnancy within 3 months of death)

Major findings None
Of operations _____
Of autopsy _____

Duration _____
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 W. F. Neun (M. D. or other) _____
Address 3115 D. Grand Date signed 1/14/42

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

MOTHER FATHER

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 Herons

....., Registered Apprentice No. *306*

working under my personal supervision.

Signed *Seward Rowland*

Licensed Embalmer No. *3114*

P. O. Address *O. Lewis N.*

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.