S. No. 2
—1-4-41
5-17-39
P1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5153

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1131

1. PLACE OF DEATH:

(a) County St. Louis

(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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Normandy, Mo. NR
(If outside city or town limits, write "RURAL")

(d) Street No. 1328 Hillside Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Amanda Ellen Woods

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Frank Woods

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

7. Birth date of deceased Jan. 2nd, 1862 (Month) (Day) (Year)

8. AGE: Years 80 | Months 1 | Days 2 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Michael Thomas

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

14. Maiden name Amanda Allen

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

16. (a) Informant Mrs. J. B. Wilson

(b) Address 1328 Hillside (Normandy)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/42 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kreeger-Voss-Fix

(b) Address 3402 N. Kingshighway

19. (a) FEB 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1942 hour 4:20 minute A.M.

21. I hereby certify that I attended the deceased from Feb 2, 1942 to Feb 4, 1942 that I last saw h. alive on Feb 4, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: BRONCHOPNEUMONIA	
Due to: DIABETES MELLITUS	
ARTERIOSCLEROSIS, GENERALIZED	
Due to: ARTERIOSCLEROTIC HEART DISEASE	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy Pneumonia: Left lower lobe
Generalized arteriosclerosis

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? Means of injury

23. Signature Robert E. Koch (M. D. or other)

Address BARNES HOSPITAL Date signed 2-4-42

(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.....

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.