

FILED MAR 2 1942

Registration District No. 421

Primary Registration District No. 2575

Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town HERCULANEUM
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 years
years, months or days

3. (a) PRINT FULL NAME WALTER Q. WOODWARD
3. (b) If veteran, name war 3. (c) Social Security No. _____

4. Sex MALE race WHITE 5. Color or race _____
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Harriet R. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JANUARY 16, 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months — Days 10
If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business St. Joseph Lead Co.

12. Name Levi Woodward
13. Birthplace Unknown Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Blaukeship
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harriet R. Woodward
(b) Address Herculaneum, Mo.

17. (a) Burial (b) Date thereon Jan. 29, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bunker Hill, Illinois

18. (a) Signature of funeral director Quincy R. Vallette
(b) Address Crystal City, Mo.

19. (a) 1/29/42 (b) J. E. Rutledge, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town HERCULANEUM
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month JANUARY day 26
year 1942 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 14
1942 to Jan 26, 1942
that I last saw h. alive on Jan 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of heart wall
Due to Coronary thrombosis
Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy None

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)
Signature Cornell Dean (Physician or other)
Address Herculaneum, Mo. Date signed 1/27/42

Duration 5 min
2 weeks
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Geoffrey R. Polette

Licensed Embalmer No.

3481

P. O. Address

Crystal City, Md

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.