

S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1942
791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 23257
Registrar's No. 6403

Registration District No. Primary Registration District No. (Yes or No)

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution 8 days
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 306 N. 3rd St.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Tom Woods

3. (b) If veteran, name war 3. (c) Social Security No.

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

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

7. Birth date of deceased Feb. 22, 1872 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 1 hr. min.

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

10. Usual occupation Unknown

11. Industry or business

12. Name Wm. Woods 13. Birthplace Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Mandy Simpkins 15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier St.

(c) Place: burial or cremation

18. (a) Signature of funeral director W. Richter

(b) Address 3590 Ridge

19. (a) JUI 30 1942 (b) J. F. Bruders (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3, year 1942 hour 6 minute 56 A.M.

21. I hereby certify that I attended the deceased from June 25, 1942 to July 3, 1942 that I last saw him alive on July 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease with De-compensation

Due to Unknown

Due to

Other conditions: (Include pregnancy within 3 months of death)

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) (c) Means of injury

23. Signature J. E. Smith (M. D. or other)

Address 2601 Whittier Date signed 7/7/42

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.....

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, fact should be so stated above.