

S. No. 2  
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5-17-39  
P-1 X22330

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32584

State File No. ....

FILED OCT 28 1942  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8427**

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:  
**3828 So. Main Street /**  
(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)

3. (a) PRINT FULL NAME **John Woodruff**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** / 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Rolla Woodruff**  
6. (c) Age of husband or wife if alive **49** years  
7. Birth date of deceased **May 27, 1885**  
(Month) (Day) (Year)

8. AGE: Years **57** Months **4** Days **12**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Francis County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **William Woodruff**  
13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rolla Woodruff**  
(b) Address **3828 So. Main Street**

17. (a) **Burial**  
(Burial, cremation, or removal) (b) Date thereof **Oct. 13/42**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Desloge, Missouri.**

18. (a) Signature of funeral director **Weick Bros. Und. Co.**  
(b) Address **2201 So. Grand Blvd.**

19. (a) **OCT 11 1942**  
(Date of local filing) (b) **J.F. Beedick**  
(Registrar's signature)

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. **3828 So. Main Street**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **9**  
year **1942** hour **11** minute **30** P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on **Oct 9 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion, Acute Indigestion, Myocarditis**  
Duration **one day**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Blindness**  
(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: **No**

(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 **Leroy E. Ellison** (M. D. or other) **M.D.**  
Address **3616 50 Broadway** Date signed **10-16-42**

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

**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.....

*William J. Lyons*

Licensed Embalmer No.....

*4319*

P. O. Address.....

*St. Louis Mo*

**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.**