S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39514

FILED DEC 15 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10239

1. PLACE OF DEATH:

(a) County ST Louis MO

(b) City or town ✓ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2916a Madison ST. / (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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town ST Louis 920 (If outside city or town limits, write "RURAL")

(d) Street No. 2916a Madison ST (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ida Woods

3. (b) If veteran, name war — — — —

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Widow 2

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

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

7. Birth date of deceased Aug (Month) 12Th. (Day) 1872 (Year)

8. AGE: Years 70 Months 3 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace ? (City, town, or county) Ark / (State or foreign country)

10. Usual occupation Domestic

11. Industry or business —

FATHER
12. Name UKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name America Head
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Ruth Blunt

(b) Address 2916a Madison ST

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-42 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cmty.

18. (a) Signature of funeral director Ellis Fun. Home

(b) Address 2820 S Toddard ST.

19. (a) DEC 8 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8 year 1942 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from Dec 5 1942 to Dec. 8 1942, that I last saw her alive on Dec. 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 3 days

Due to Pneumococcus 708

Due to —

Other conditions Infirmities old age (Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

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? — (e) Means of injury —

23. Signature L. E. Vincent (M. D. or other) 0

Address 2336 Market Date signed 12-8-42

(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~~ L Buy

....., Registered Apprentice No. My,

working under my personal supervision.

Signed Lonnie Buyers

Licensed Embalmer No. 2946

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.