

FILED MAY 15 1943

318

1003

Registration District No. _____ Primary Registration District No. _____

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:
6974 Oleatha ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Yes or No)
years, months or days

3. (a) PRINT FULL NAME **Agnes Woollam**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **John J. Woollam** 6. (c) Age of husband or wife if alive **dec'd** years

7. Birth date of deceased **June 20 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 13 hr. min.

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

10. Usual occupation **at home**

11. Industry or business **at home**

12. Name **Robert Herries** 13. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary A Hunter** 15. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

16. (a) Informant **A. R. Linberg** (b) Address **6974 Oleatha ave**

17. (a) **Burial** (b) Date thereof **May-5-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery**

18. (a) Signature of funeral director **A. K. ...** (b) Address **2707 N. Grand Blvd**

19. (a) **MAY 5 1943** (b) **J. F. ...**
(Date received local registrar) (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. **4526 Tower Grove Pl**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3**
year **1943** hour **4** minute **55** p.m.

21. I hereby certify that I attended the deceased from **4/1/43**
to **5/2/43** that I last saw her alive on **5/2/43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** Duration **14 da.**

Due to **Chr. Cardio-myelitis** 2 yrs.

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 **E. G. ...** M. D. or other _____
Address **2901 Big Bend Rd** Date signed **5/2/43**

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

MOTHER FATHER

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

Paul F. [Signature]

Licensed Embalmer No. *2431*

P. O. Address *2707 N. [Signature]*

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.