

318

1003

3532

Registration District No. 1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Mississippi Valley Trust Bldg.
(If not in hospital or institution, write street number and location)
506 Olive

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 47 Brooklyn Street.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... U.S.

3. (a) PRINT FULL NAME James Woodard

3. (b) If veteran, name war. No

3. (c) Social Security No. 333-01-7570

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1943 hour 1 minute 18 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex Male 5. Color or race Col

6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife Minnie L. Woodard

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

7. Birth date of deceased January 7, 1893
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

50 3 2 hr. min.

Immediate cause of death Fracture of skull and laceration of the brain when he was caught in a dug to elevator operated by one Sylvester Raymond Walters between the 3rd and 4th floors of the Mississippi Valley Trust Co Bldg. 1:10 P.M. 4-9-43

Other conditions 1:10 P.M. 4-9-43
(Include pregnancy within 3 months of death)

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

10. Usual occupation Hod carrier

Major findings: Of operations 176

Of autopsy 147

PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Tom Woodard

13. Birthplace Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Woodard

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Itell Hardiman Ill

(b) Address 47 Brooklyn St., E. St. Louis

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/15/43
(Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director R.M.C. Green

(b) Address 3517 Maclede Ave

19. (a) APR 15 1943 (Date received local registrar) (b) J. T. Beers (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). Accident

(b) Date of occurrence 4-9-43

(c) Where did injury occur? St. Louis, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial
(Specify type of place) (e) Means of injury.....

While at work? Thomas J. Callahan (M. D. or other)

23. Signature Deputy Coroner Address 4-15-43 Date signed 4-15-43

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

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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



Licensed Embalmer No. 1173

P. O. Address 3517 Soledad Ave

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.