

FILED JUN 4 1944 318

Registration District No.

Primary Registration District No.

11003

4760

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:  
Mo. Baptist Sanitarium 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution two weeks  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17 6  
(d) Street No. 5210 Terry Avenue  
(If rural, give location) 0  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Edna Helena Woofter

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Harper Woofter 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased 2 23 1891  
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name John Whiteside  
13. Birthplace Hecker Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Frick  
15. Birthplace Hecker Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Harper Woofter

(b) Address 5210 Terry Avenue

17. (a) Burial (b) Date thereof 5 - 25 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Boulevard

19. (a) MAY 23 1944 (b) J. F. Bueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22  
year 1943 hour 3:45 A.M. minute..... M.

21. I hereby certify that I attended the deceased from 5/12/43  
19..... to 5/22/43 19.....  
that I last saw her alive on 5/21/43 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Carcinoma of Recto-sig.

Due to urinal obstruction 10 mo?

Due to.....

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

Major findings: Large primary mass c  
Of operations metastasis to pre-aortic nodes  
Of autopsy none

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. D. Hayward (M. D. number) 0  
Address Mo. Bapt. Hosp. Date signed 5/22/44

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

877

By N. Kitter M. D.

---

---

**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. Hiron

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.**