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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUL 31 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1711

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Roberson *Rural*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 Joseph Woodson

3. (b) If veteran. name war _____ 3. (c) Social Security No. 12-24-1884

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eliza Woodson 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 24 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>4</u>		hr. _____ min.

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

10. Usual occupation Unkn

11. Industry or business _____

MOTHER FATHER

12. Name Henry Woodson

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

14. Maiden name Elizabeth Edwards

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

16. (a) Informant Eliza Woodson

(b) Address Roberson Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street

19. (a) JUL 27 1943 (Date received local registrar) (b) E. J. McLaw (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis

(c) City or town Roberson *Rural*
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1943 hour NO minute 0 A. M.

21. I hereby certify that I attended the deceased from July 1st 1942 to July 25th 1943 that I last saw him alive on July 24th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Obstructive Hemorrhage

Due to arteriosclerosis

Due to _____

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) (e) Means of injury _____

23. Signature H. J. Giffen M.D. (M. D. or other) _____

Address Patton on the Mo Date signed July 26 1943

Duration

12 hrs.

1 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Y.A.S.

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.....

Joel Russell
.....
-Licensed Embalmer No. *4112*

P. O. Address.....

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.