

**FILED** OCT 2 - 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

8448

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 months  
In this community 4 years 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Helen Woodson

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

4. Sex Female 5. Color or race col. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife otto woodson 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased 1915  
(Month) (Day) (Year)

8. AGE: Years 28 Months - Days - If less than one day hr. min.

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

10. Usual occupation house wife at home

11. Industry or business at home

12. Name Chas Neil

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

14. Maiden name Missie Williams

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

16. (a) Informant Otto Woodson

(b) Address 2202 A Randolph

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 9, 27, 43 (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Park

18. (a) Signature of funeral director C. Young

(b) Address 2620 Taylor

19. (a) SEP 24 1943 (Date received from registrar) (b) J. F. Breteck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, Mo. 22  
(If outside city or town limits, write "RURAL" and location)  
(d) Street No. 2202 1/2 Randolph 17  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17, year 1943 hour 11 minute 08 P. M.

21. I hereby certify that I attended the deceased from July 17, 1943 to September 17, 1943; that I last saw her alive on September 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Indef

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1/3

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Alva Moore (M. D. or other) Address 2601 Whittier Date signed 9/20/43

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clark Young  
Licensed Embalmer No. 3371  
P. O. Address St. Louis

**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.**