

REG. DISTRICT No. 194318

Primary Registration District No.

Registrar's No. 8803

1. PLACE OF DEATH:

(a) County _____
(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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME Lena Woodward

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Harry Woodward 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>26</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Harry & Oliver Woodward
(b) Address 5119 Oriole - 1956a Wyoming
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 6 43
(Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Wacker-Heldels Und. Co.
(b) Address 3634 Gravois Avenue

19. (a) OCT 5 1943 (Date received local health officer) (b) J. P. Brudack (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. 1930 Provenchere Pl. (If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1943 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from October 1, 1943 to October 4, 1943;
that I last saw her alive on October 4, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease
Duration _____

Due to _____

Due to _____

Other conditions: 93
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Refused

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)
Means of injury _____

23. Signature Frank Steinberg (M. D. or other) M.D.
Address 1515 Lafayette Avenue Date signed 10/4/43

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

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..... *Robert Wheeler*

Licensed Embalmer No. *2178*

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.