

FILED DEC 3 1943

Registration District No. **33913** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **Saint Louis**  
(b) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**De Paul Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 days** (Specify whether  
In this community **0** years, months or days) (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Green**  
(c) City or town **Carrollton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **None** (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **2**

3. (a) PRINT FULL NAME **Georgia A. Woodward**

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

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

6. (b) Name of husband or wife **Albert H. Woodward** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Nov. 15, 1872**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **0** Days **5** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Henry Spiker**

13. Birthplace **Shenandoah W. Va.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ella Speelman**

15. Birthplace **Shenandoah W. Va.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Eva Holman**

(b) Address **Syracuse, Kansas**

17. (a) **Removal** (b) Date thereof **11-20-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carrollton, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **NOV 24 1943** (b) **J. F. Brink**  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **20**  
year **1943** hour **2** minute **A.M.**

21. I hereby certify that I attended the deceased from **Nov 13**, 1943, to **Nov 20**, 1943

that I last saw her alive on **Nov 19**, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic degeneration left foot & leg.**

Due to **Senescent Arteriosclerosis**

Due to **917**

Other conditions **Senescent Arteriosclerosis, degeneration**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **gangrene left leg & foot.**  
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 **Marsalob...** (M.D. or other) \_\_\_\_\_  
Address **933 Peace Bldg. St. Louis** Date signed **Nov 20, 1943**

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

MOTHER FATHER

079

999  
110  
NR

10282

10282

---

---

**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 *Albert G. Hays*

Licensed Embalmer No. *2971*

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.**