

FILED FEB 18, 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County East St. Louis  
 (b) City or town East St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Isolation Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution From 2-3-1944  
to 2-6-1944.  
(Specify whether  
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair  
 (c) City or town East St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 429 North 27th Street  
(If rural, give location)  
 (e) Citizen of foreign country? 2 (Yes or No)  
 If yes, name country 2

3. (a) PRINT FULL NAME Andrew Woods

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mary Cordelia Woods 6. (c) Age of husband or wife if alive About 67 years  
 7. Birth date of deceased 6 (Month) 17 (Day) 1870 (Year)

8. AGE: Years 73 Months 7 Days 19 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

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

16. (a) Informant Edith V. Minor  
 (b) Address 5600 Arsenal Street

17. (a) Removal (b) Date thereof 2-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keenes, Illinois  
 18. (a) Signature of funeral director Albert H. Hoppe, Inc.  
 (b) Address 4700 Washington Blvd.

19. (a) FEB 7 1944 (b) J. F. Bradeck  
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 6  
 year 1944 hour 9 minute 55 M.

21. I hereby certify that I attended the deceased from Feb. 3,  
1944 19. to February 6, 1944;  
 that I last saw him alive on February 6, 1944 19. and that death occurred on the date and hour stated above.

Immediate cause of death meningococcal meningitis Duration

Due to 6  
 Due to

Other conditions 6  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations

Of autopsy no 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 0

23. Signature Dr. Max Well (M. D. or other) \_\_\_\_\_  
 Address St. Louis Isolation Hosp. Date signed 2-7-44

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

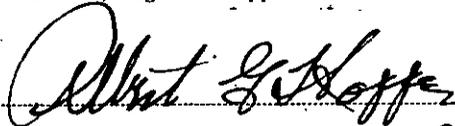
**STATEMENT BY LICENSED EMBALMER**

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.....



..... 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.**