

FILED APR 1 1948

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2828

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2105 S. O'Fallon St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 4 5 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 921
(If outside city or town limits, write "RURAL")

(d) Street No. 2105 S O'Fallon St
(If rural, give location)

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

3. (a) PRINT FULL NAME Loeugennis Woodard

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female 5. Color or race negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1944 hour 10 minute 6 P. M.

21. I hereby certify that I attended the deceased from July 1942
42, to March 21, 1944
that I last saw her alive on March 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: mitral insufficiency 2 years

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years abt. 60 Months _____ Days _____ If less than one day _____
hr. _____ min. _____

9. Birthplace South Carolina 1
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name George West

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

14. Maiden name Mr. Knowlton

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

16. (a) Informant Clyde Ridley

(b) Address 2105 S O'Fallon St

17. (a) Burial (b) Date thereof 4-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director William Ross

(b) Address 3644 Finley Ave

19. (a) MAR 26 1944 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

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 J. F. Budek (M. D. or other) _____
Address 1602 1/2 Franklin Date signed 3-23-44

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Rd

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.