

FILED JUL 31 1944

318

Primary Registration District No. 1003

Registrar's No. 6472

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours
(Specify whether
In this community 45 Years
years, months or days)

3. (a) PRINT FULL NAME Charles Emory Woodruff
3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife LUCY 6. (c) Age of husband or wife if alive 11 years

7. Birth date of deceased March 11 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Retired

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

16. (a) Informant Roy Woodruff

(b) Address 4079 Concordia

17. (a) Motor (burial, cremation, or removal) (b) Date thereof 7 / 23 / 44
(Month) (Day) (Year)

(c) Place: burial or cremation Leslie Missouri

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) JUL 22 1944 (Date received local registrar) J. F. Bredenk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1027 A South 13th, St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 21
year 44 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage Duration
Caused by Fractured Skull
Fractured ribs when he was
Due to struck by a street car operated
by one Columbus Easter Barton
Due to at the intersection of
12th and Chouteau ave around
3:30 PM July 21 - 1944
Other conditions? None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 171
Of autopsy 171
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) Accident 000
(b) Date of occurrence 7-21-44
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur near about home, or farm, in industrial place, in public place?
Public Place
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Thomas F. Callahan (Name of other)
Address Deputy Coroner Date signed 7-23-44

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

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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..... *L.R. Cooper*.....

Licensed Embalmer No..... *3633*.....

P. O. Address..... *2317 Lafayette St*.....

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.