S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36571

FILED NOV 30 1944

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 9893

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: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 10 days (Specify whether years, months or days)
In this community 23 years

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. 318 So. 22nd St. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Caroline Woods

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Colored 2

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased July 17, 1875 (Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 25 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Rev. Columbus Williams
(b) Address 4623 Newberry Terrace St. Louis, Mo.

17. (a) ~~Buried~~ Removal (Burial, cremation, or removal) (b) Date thereof 11-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director C. J. Nopk
(b) Address 1117 N. 13th St.

19. (a) NOV 21 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12, year 1944 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from October 2, 1944 to November 12, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bronchogenic carcinoma with massive atelectasis of left lung — Unk.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Alexa Moore (M. D. [redacted])
Address 3601 N. Whittier Date signed 11/14/44

(Licensed Embalmer's Statement on Reverse Side)

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 C. J. Nosh

Licensed Embalmer No. 2-4-32

P. O. Address 111 N. 13th 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.