

FILED FEB 13 1945

Registration District No. **377**

Primary Registration District No. **3069**

Registrar's No. **2789**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-days (Specify whether years, months or days)

3. (c) PRINT FULL NAME Mary Woods

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

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

6. (b) Name of husband or wife Leo N. Woods 6. (c) Age of husband or wife if alive. 53 years

7. Birth date of deceased Aug. 24th., 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 4 17 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Anthony Vaccaro

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

14. Maiden name Anna Unknown

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

16. (a) Informant Mr. Leo N. Woods

(b) Address 5709 Walsh St.

17. (a) Burial (b) Date thereof 1-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter & Paul

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JAN 13 1945 (b) E. S. McShurran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5709 Walsh St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th.,
year 1945 hour 5 minute 40 am.

21. I hereby certify that I attended the deceased from Oct 3
1944 to Jan 11 1945;
that I last saw her alive on Jan 10 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death
Paralytic Disease
Due to Back operation
Old tubercle
Due to Renal Failure
Other conditions (include pregnancy within 3 months of death)

Major findings: Diabetic Nephrosis
Of operations Vertical Hernia
Of autopsy None 176

Duration
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
Signature Carlton Perry (M. D. or other)
Address Carlton Perry Date signed 1-11-45

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

3006

APR - 1 1955

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.