

V. S. No. 2  
FORM-8-43  
Rev. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22760**  
Registrar's No. **6856**

**FILED** AUG 11 1945

Registration District No. **318** Primary Registration District No. **L1003**

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

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: **PARK LANE 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)

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME **WARREN P. Woods**

3. (b) If veteran, name war **Nil**

3. (c) Social Security No. **498-10-4754**

4. Sex **MALE** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Ada Woods**

6. (c) Age of husband or wife if alive **23** years

7. Birth date of deceased **JAN 21 1887**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **6** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **OAKLAND COUNTY INDIANA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business **FACTORY**

12. Name **Charles Woods**

13. Birthplace **UNK. a**  
(City, town, or county) (State or foreign country)

14. Maiden name **AULDA IRON SPIGER**

15. Birthplace **UNK. a**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ada Woods**

(b) Address **Sikeston, Mo.**

17. (a) **Removal** (b) Date thereof **8-1-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sikeston, Mo.**

18. (a) Signature of funeral director **WELSH FUNERAL HOME**

(b) Address **Sikeston, Mo.**

19. (a) **AUG 4 1945** (Date received local registrar)  
**J. F. Bredesch** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **100**

(c) City or town **Sikeston** **5**  
(If outside city or town limits, write "RURAL")

(d) Street No. **525 Sikes Ave** **2 NR.**  
(If rural, give location)

(e) Citizen of foreign country? **No.** **1** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31** year **1945** hour \_\_\_\_\_ minute **12:00** M.

21. I hereby certify that I attended the deceased from **July 21** 1945 to **July 31** 1945  
that I last saw him alive on **July 31** 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial**  
Duration \_\_\_\_\_

Due to **46**

Due to **Cancer Stomach**

Other conditions **After stroke**

Major findings: **Partial pyloric obstruction**  
Of operations **delecta**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

Signature **J. F. Bredesch** (M. D. or other) \_\_\_\_\_  
Address **4930 Lindell** Date signed **8-1-45**

MAY 21 1954

JUL 28 1945

6856

6856

FEB 2

1956

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

*Paul G. Shanklin*

Licensed Embalmer No. *3472*

P.O. Address. *4911 Washington*

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.