

No. 2  
M-5-43  
5-17-39  
X38671

**FILED** MAR 30 1946

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
10752

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis**

(c) Name of hospital or institution:  
**De Paul Hospital**

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain**

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

(d) Street No. **309 Clark St.**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Infant Woolridge**

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

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13**  
year **1946** hour **11:35** minute **0** M.

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

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **March 13 1946**  
(Month) (Day) (Year)

Immediate cause of death: **Spontaneous Abortion**  
**due to a result of**  
**five in which the mother was buried on Feb. 15 1946**  
**due to a result of**  
**in the kitchen of her sister's home at 5374 Natural Bridge Ave.**

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
				<b>2</b> hr. _____ min.

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

10. Usual occupation **Infant**

11. Industry or business \_\_\_\_\_

12. Name **Sylvester Woolridge**

13. Birthplace **Chariton County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Hazel Wright**

15. Birthplace **Mexico Missouri**  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations: **1st**

Of autopsy: \_\_\_\_\_

16. (a) Informant **Edna Isom**

(b) Address **5372 Natural Bridge Ave.**

17. (a) **Burial** (b) Date thereof **3-15-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mexico, Missouri**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **Feb. 15 1946**

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on \_\_\_\_\_, in industrial place, in public place?  
**Home**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **MAR 14 1946** **J. F. Bredeck**  
(Date received locally) (Registrar's signature)

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

(e) Means of injury **to home**

23. Signature **Patrick E. Taylor**  
Address **Reg. Coroner** Date signed **3/14/46**

NO EMBALM

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**