S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 18138

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1190

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Baden
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Halls Ferry Memorial Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County Jersey 999

(c) City or town Jerseyville 11
(If outside city or town limits, write "RURAL")

(d) Street No. 906 N. State St. 6
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 2

If yes, name country .....

3. (a) PRINT FULL NAME Minnie Woodward

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Samuel H. Woodrow

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

7. Birth date of deceased April (Month) 21 (Day) 1859 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 87 | 1 | 10 | ..... hr. ..... min. |

9. Birthplace Lewiston (City, town, or county) Maine 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Banjamin F. Clough
13. Birthplace Unknown (City, town, or county) Maine 1 (State or foreign country)

MOTHER
14. Maiden name Vesta Bowie
15. Birthplace Unknown (City, town, or county) Maine 1 (State or foreign country)

16. (a) Informant Frank C. Woodrow

(b) Address Jerseyville, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-46 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

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

(b) Address 4700 Washington Blvd.

19. (a) 6-1-46 (Date received local registrar) (b) E. D. McGavran M.D. (Registrar's signature) 28.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 31 year 1946 hour 10 minute 45-A.M.

21. I hereby certify that I attended the deceased from May 1-1944 ....., 19..., to May 31, 1946 that I last saw him alive on May 31, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to — 93-2

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

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? — (Specify type of place) —

While at work? — (e) Means of injury —

23. Signature Hollis Sleaver (M. D. ~~or other~~)

Address Tindall Trust Bldg Date signed 5-31-46

(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 Henry M. Kramner

Licensed Embalmer No. 4200

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.**