

S. No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24755

State File No. 24755

FILED AUG 13 1946

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 223

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100-12-46
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1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(c) Name of hospital or institution: State Hospital No. 4
(d) Length of stay: In hospital or institution 9 yrs. 4 mos. 4 das.
In this community 9 years, 9 months, 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(d) Street No. 6756 Robbins Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CORNELIUS WOODS

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased November 1 1900

8. AGE: Years 45 Months 8 Days 1
If less than one day hr. min.

9. Birthplace East St. Louis Illinois

10. Usual occupation Crane man at Steel Foundry.

11. Industry or business

12. Name Cornelius Woods, Sr.

13. Birthplace Ireland

14. Maiden name Mary Ward

15. Birthplace Ireland

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 7-5-46

(c) Place: burial or cremation Bellemeil Del.

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

(b) Address 4700 W. 11th St. St. Louis

19. (a) 7-17-46 (b) Bother R. Rudloff

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1946 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 19, 1946 to July 2 1946;
that I last saw him alive on July 2 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other conditions MI
(include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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) (a) Means of injury

23. Signature George A. Kuss (M. D. or other)

Address Farmington Mo. Date signed 7/13/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

289

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 746-2385
Date Filed 7-30-46

AUG 13 1946

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed *Robert G. Happe*.....

Licensed Embalmer No. 2971.....

P. O. Address *St. Louis Mo.*.....

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.