

FILED SEP 24 1946  
Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
7111 Glenmore Drive  
(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

3. (a) PRINT FULL NAME Walter Woodring

3. (b) If veteran, name war None

3. (c) Social Security N488-18-9496

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased Feb. 19 1896  
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day

51	6	20	hr. _____ min.
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9. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinest

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

MOTHER FATHER

12. Name Albert Woodring

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

14. Maiden name Dora Usinger

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

16. (a) Informant Mrs. Dora Holtz

(b) Address 7111 Glenmore Drive

17. (a) Burial (b) Date thereof 9/11/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director P. Woodring Co.

(b) Address 3710 N. Grand Blvd.

19. (a) 9-11-46 (b) Robert G. Woodring  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. 7111 Glenmore Drive  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9  
year 1946 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7-31, 1943 to Sept 9, 1946  
that I last saw h. in alive on Sept 8, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 94

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

Major findings: Of operations \_\_\_\_\_

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 \_\_\_\_\_

23. Signature W. G. Moore (M. D. or other) MD  
Address 7301 Natural Bridge Date signed 9-11-46

*Please fill out  
Must be in the original  
position in original  
John Brown*

OCT 7 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *W E Morris*

Licensed Embalmer No. 3360

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.**