

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **8918**

Registration District No. **318** Primary Registration District No. **1003**

FILED OCT 28 1946

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: St. Mary's Infirmary
(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 Missouri (b) County 000
(c) City or town St. Louis 12/7
(If outside city or town limits, write "RURAL")
(d) Street No. 4628 Vernon 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET WOODRIDGE

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAR. 10 1903
(Month) (Day) (Year)

8. AGE: Years 43 Months 7 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Columbus miss.
(City, town, or county) (State or foreign country)

10. Usual occupation cook

11. Industry or business _____

MOTHER FATHER

12. Name Mose Woodridge

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

14. Maiden name Sarah Fryson

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

16. (a) Informant Mrs. Fannie Spencer

(b) Address 4662 State St

17. (a) Burial (b) Date thereof 10-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director W. G. Walton

(b) Address 2707 Stoddard

19. (a) OCT 18 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 year 1946 hour 10:30 minute 4 M.

21. I hereby certify that I attended the deceased from 10-2-46 to 10-11-46 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocardial Infarction

Other conditions: Asthma

Major findings: Non-malignant

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? _____
(d) Did injury occur in or about home, farm, or industrial place, in public place?

While at work? _____ (Specify type of place) _____

23. Signature Henry H. Hampton Address 2328 Main St
(M.D. or other) Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

BI 68

BI 68

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 Arthur L. Halliard

Licensed Embalmer No. 4221

P. O. Address. 1154 Bayard

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.