

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39254

State File No. _____
Registrar's No. **10022**

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

1. PLACE OF DEATH:
(a) County ST Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 days
In this community 2 yrs.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mattie Woolford
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife WALTER
6. (c) Age of husband or wife if alive 10 1894
7. Birth date of deceased (Month) 4 (Day) 10 (Year) 1894

8. AGE: Years 52 Months 7 Days 10
If less than one day hr. min.

9. Birthplace CAMDEN ARK.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____
12. Name BRYANT Kelley
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name ETIENNE Adeth BROADEAUX
15. Birthplace LA
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Stuffed
(b) Address #432 Kemper

17. (a) Burial (b) Date thereof 11-25-46
(Burial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Raymond Love
(b) Address 3103 Washington

19. (a) NOV 25 1946 (b) J. F. Broadhead
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2637 Windsor Pl
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1946 hour 4 minute 35 A. M.
21. I hereby certify that I attended the deceased from 10-6 1946 to 11-20 1946
that I last saw h. er alive on Nov. 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma of Liver
Duration Undet.
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy No
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 C. Hancock (M. D. or other) H6
Address 2601 N Whittier Date signed 11/25/46

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

MOTHER FATHER

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 A. Claude Gordo

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.