

FILED DEC 24 1946
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10507

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: Jewish Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
 In this community 26 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 4546 N. Broadway
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lewis Jackson Woods

3. (b) If veteran, name war None 3. (c) Social Security No. 495-189543

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Martha Woods 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased Jan 25, 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	10	12	hr. _____ min.

9. Birthplace Cutler, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Metal Worker

11. Industry or business _____

12. Name John Woods

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

14. Maiden name Emma LaBrier

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

16. (a) Informant Mrs. Martha Woods.

(b) Address 4546 N. Broadway.

17. (a) Removal (b) Date thereof 12/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellis Grove, Ill.

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) DEC 9 (b) 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
 year 1946 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from Dec. 2
1946 to Dec. 7 1946
 that I last saw him alive on Dec. 6 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Infarction 16 days
 Due to Coronary Occlusion 16 days

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Coronary Occlusion, Infarction. Thrombus in left auricle.

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 A. J. Steiner (M. D. or other) MD
 Address 634 N. Grand Date signed 12/8/46

COPY ON PENDING BLACK INK—MAKE A PERMANENT RECORD

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. 1st

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.