

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 7156
Registrar's No. 2095

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month
(Specify whether _____)

In this community 23 years
(years, months or days)

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. 3119a Morganford Road
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIE MAY WOOD

3. (b) If veteran, name war nil

3. (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife James F.

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased August 8, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>6</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace: ? Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation house-wife

11. Industry or business at home

12. Name Will Loard 9

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

14. Maiden name Maggie Griffin 9

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

16. (a) Informant James F. Wood

(b) Address 3119a Morganford Road

17. (a) burial (b) Date thereof 3-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) FEB 28 1947 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th
year 1947 hour 11:50 minute A M.

21. I hereby certify that I attended the deceased from 1/30/47
2/26/47 19... to 2/26/47 19...
that I last saw her alive on 2/26/47 19...
and that death occurred on the date and hour stated above.

Immediate cause of death adenocarcinoma of both breasts w metastases Duration _____

Due to _____

Due to 50

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Same

Of operations _____

Of autopsy Same

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? _____

23. Signature Arthur P. Dalton 2/27/47
(Specify type of place) (e) Means of injury _____
Address 1515 Lafayette Date signed _____

WRITE PLAINLY—USE UNFADING 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..... *A W Cooper*.....
Licensed Embalmer No..... *3830*.....
P. O. Address..... *2301 Lafayette Ave*.....

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.