S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7157

FILED FEB 17 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1193

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: St. Johns Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs. (Specify whether In this community 4 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Crystal city 1 (If outside city or town limits, write "RURAL")

(d) Street No. 108 Broadway 1 (If rural, give location) N.R. 1

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

If yes, name country

3. (a) PRINT FULL NAME Judy D. Woodland

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Jan (Month) 15, (Day) 1942 (Year)

8. AGE: Years 5 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation ~~Infant~~ Child

11. Industry or business

FATHER
12. Name Shelby Woodland
13. Birthplace Haring (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Micelle McCarnick
15. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Shelby Woodland
(b) Address Crystal City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 7 (Day) 1947 (Year)
(c) Place: burial or cremation Crystal City, Mo

18. (a) Signature of funeral director Guilty C. Pelitte
(b) Address Crystal City Mo

19. (a) FEB 7 1947 (Date received local registrar) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5th year 1947 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death 1°, 2°, 3rd degree Burns of 70% of Body when her clothing caught fire while playing with matches in the home 108 Broadway Crystal City Mo

Due to around 5:30 PM February 4, 1947

Duration

Other conditions (Include pregnancy within 3 months of death) 180

Major findings:
Of operations 15

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) Accident 50

(b) Date of occurrence Feb 4 1947

(c) Where did injury occur? Crystal City Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury see above

23. Signature [illegible] E. Taylor (M.D. or other) 3

Address [illegible] Date signed 2/5/47

(Licensed Embalmer's Statement on Reverse Side)

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 Gentry P. Pilitte

Licensed Embalmer No. 3481

P. O. Address Crystal City Mo.

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.