

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15809  
Registrar's No. 4342

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County -  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution:  
1118 N. Leonard /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 59 years  
years, months or days)

3. (a) PRINT FULL NAME SCUDDER WM. BLANTON BARTON  
3. (b) If veteran, name war WOOLFORD WORLD WAR I  
3. (c) Social Security No. 497-015481

4. Sex Male 2 / 5. Color or race Negro / 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Marie Woolford 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Nov. 28th 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
59		4	26	hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name William Woolford  
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Ella Pleasant  
15. Birthplace Ironton, Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Ruth King  
(b) Address 1358 Glasgow

17. (a) Burial (b) Date thereof 5/1/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Natl. Cem. Jefferson Brks.  
18. (a) Signature of funeral director The Household Furniture & Home Acc. Co. General Manager  
(b) Address 2812 Thomas Street  
19. (a) APR 29 1947 (Date received local registrar) J. F. Bradock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 0035  
(c) City or town St. Louis, Mo. 2 19  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1118 N. Leonard  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day June  
year 1947 hour 9 minute 08 P.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pericarditis Myocarditis  
Due to Hypertension Myocarditis  
Duration 93

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(c) 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? (c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other)  
Date signed 4/28/47

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

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**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 *James W. Ewaldson*  
Licensed Embalmer No. *1341*  
P. O. Address *St. Louis 13 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.**