

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19524
4803

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution: JOSEPHINE HEITKAMP HOSPITAL
(d) Length of stay: Infant (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Desoto 2
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 2
(d) Street No. JOSEPHINE HOSPITAL (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

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

4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY 12 - 1947 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 4 hr 2 min

9. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business
12. Name CECIL WOODALL
13. Birthplace ARKANSAS (City, town, or county) (State or foreign country)
14. Maiden name ELSIE GORDON
15. Birthplace DESOTO MO (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Cecil Woodall
(b) Address Desoto Mo

17. (a) Removal (b) Date thereof MAY 13 - 47 (Month) (Day) (Year)
(c) Place: burial or cremation De Soto Mo

18. (a) Signature of funeral director E. J. Schuur
(b) Address 2608 N. Lafayette Ave

19. (a) MAY 13 1947 (b) J. J. Bredek (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Month 5 day 12 P. year 1947 hour 2 minute M.
21. I hereby certify that I attended the deceased from 5/12 to 5/12 1947
that I last saw him alive on 5/12/47 and that death occurred on the date and hour stated above.

Immediate cause of death: Rupture of abdominal wall, secondary to failure of abdomen to close in utero. Cause of death: congenital hernia. Duration: 4 hrs.

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 159
Of autopsy:

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: J. J. Bredek (M. D. or other) 5/12/47
Address: 2608 N. Lafayette Ave Date signed: 5/12/47

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.....

Joseph B. Vollmer

Licensed Embalmer No. *41014*

P. O. Address *3125 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.