

No. 2
-12-45
5-17-39
I X47020

UNITED STATES DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22787
5795
Registrar's No.

FILED JUN 23 1947
318

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis
(c) Name of hospital or institution: Barnes Hospital
(d) Length of stay: In hospital or institution 21 days
In this community 21 days

3. (a) PRINT FULL NAME Florence Robb Woodruff
(b) If veteran, name war no
(c) Social Security No. no

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dr. Frederick H. Woodruff
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased DEC. 22 1871

8. AGE: Years 75 Months 5 Days 19
If less than one day hr. min.

9. Birthplace St. Louis Missouri
10. Usual occupation at home

MOTHER FATHER
12. Name John A. Holmes
13. Birthplace Penn.
14. Maiden name Belle Robb
15. Birthplace Penn.

16. (a) Informant Dr. E.E. Woodruff
(b) Address #4 Kingsbury Pl.
17. (c) Burial (b) Date thereof 6-14-47
(c) Place: burial or cremation Bellegoutaine

18. (a) Signature of funeral director C.R. Rupton & Sons
(b) Address 7233 Delmar Blvd.
19. (a) JUN 12 1947 (b) J.F. Bredek

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. #4 Kingsbury Pl.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1947 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from May 21
to June 11 1947
that I last saw or alive on June 11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMONIA RT. MIDDLE + LOWER LOBES - Lobar
Due to PNEUMOCOCCUS (?)
EMPYEMA RT.
Due to PNEUMOCOCCUS (?)
ATELECTASIS RT. P.M.L.
Other conditions CAUSE UNDET.
ARTERIOSCLEROTIC HT. DIS.
Major findings: ARTERIOLOAR NEPHROSCLEROSIS.
Of operations _____
Of autopsy AS ABOVE, PLUS
ARTERIOLOAR NEPHROSCLEROSIS.

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? _____
(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 Glenn O. Turner (M. D. 6-12-47)
Address Barnes Hospital Date signed _____

Glenn O. Turner

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

JUL 25 1949

Barnes Hospital

MAY 25 1948

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 Clarence H. Murray
Licensed Embalmer No. 40117
P. O. Address St Louis 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.