

7. S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

22789

DEPARTMENT OF HEALTH
BUREAU OF THE REGISTRATION

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 7 1947
318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 6185

1. PEACE OF DEATH:

(a) County _____

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

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL.") 7

(d) Street No. NR (If rural, give location) 3

(e) Citizen of foreign country? _____ (Yes or No) 1

If yes, name country _____

3. (a) PRINT FULL NAME MARY ALICE WOODS

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 27
year 1947 hour 4 minut 50 P. M.

21. I hereby certify that I attended the deceased from 5/25/46
1946, to 6-27, 1947

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Cecil Woods 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased April 6 1908
(Month) (Day) (Year)

that I last saw him arrive on 6-22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia, peritonitis

8. AGE: Years Months Days If less than one day

39 2 21 hr. min.

Due to carcinoma of urinary bladder

Due to _____

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

57

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

Major findings:
Of operations Carcinoma of urinary bladder

Of autopsy same

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Edward Hart

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Ramsey

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil Woods

(b) Address Poplar Bluff, Missouri

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? _____

(c) Place: burial or cremation Poplar Bluff, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Russell Sluder (M. D. _____)

19. (a) JUL 29 1947 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

Address Barnes Hospital, Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

17
9

AUG 4 1947

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..... *Ernest W. Spillars*
Licensed Embalmer No. 4080
P. O. Address.....

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.