V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26232

FILED AUG 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2295

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital 0
(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 Mo. (b) County 0-00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5341 Northland Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mabel Woods

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife James E. Woods

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

7. Birth date of deceased September (Month) 18, (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	10	4	hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business:

FATHER
12. Name Patrick H. Bacon 1
13. Birthplace New York State (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mariah Judge
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Miss Irene Bacon
(b) Address 5341 Northland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd St Louis Mo

19. (a) JUL 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd.
year 1947 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 1, 1946 to July 22, 1947
that I last saw her alive on July 21, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: Metastases from Carcinoma of breast (breasts)	1 yr.
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? 0 (Specify type of place)
While at work? (e) Means of injury

23. Signature D. B. Lavan (M. D. or other) MD
Address Humboldt Bldg St. Louis Date signed 7/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr Flavan
Humboldt Bldg

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.