S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40357

FILED DEC 15 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 11242

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1800 Cole Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LUCY JANE WOODMANSEE
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Albert Woodmansee
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 11th (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
78	2	27	hr. min.

9. Birthplace Madison County (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Housework
11. Industry or business At Home
FATHER 12. Name John C. Howell
13. Birthplace Unknown (City, town, or county) W. Virginia (State or foreign country)
MOTHER 14. Maiden name Nancy Lemon
15. Birthplace Unknown (City, town, or county) W. Virginia (State or foreign country)
16. (a) Informant Genevieve McCullum
(b) Address 1800 Cole Street.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) DEC 8 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th year 1947 hour 4:15 minute A M.
21. I hereby certify that I attended the deceased from 12/2/47, 19..., to Dec. 8th, 1947, 19...; that I last saw her alive on Dec. 8th 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	10 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Joseph E. Belden (M. D. or other)
Address 1515 Lafayette Date signed 12/8/47

Joseph E. Belden

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.