S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10851

Registration District No. 318 Primary Registration District No. Registrar's No. 3319

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8334 Halls Ferry Road (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 54 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 8334 Halls Ferry Rd (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arthur C. Woods
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Alice
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Aug 6, 1893 (Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 28 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Guard
11. Industry or business City Workhouse
FATHER
12. Name Samuel Woods
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ann Eisenhower
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary Alice Woods
(b) Address 8334 Halls Ferry Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Jos. A. Howard
(b) Address 1619 So. Grand
19. (a) APR 6 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4/48
year hour 1 minute 45 A M.
21. I hereby certify that I attended the deceased from March 25, 1948 to 4/4/48, 19 ; that I last saw him alive on 4/3/48, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Intestine — Duration 2 yrs.
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Carcinoma
Of autopsy

PHYSICIAN
Underline the cause to 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 [illegible] (M. D. or other)
Address 8048 Clark Rd Date signed 4/6

(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. Jos A. Howard

Licensed Embalmer No. 4139

P. O. Address. 1619 S Grand B

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.