

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo; 7 days  
(Specify whether \_\_\_\_\_)  
In this community 3 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4587a Evans  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Addie Woodson  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Gilford Woodson  
6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased March 31 1895  
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 29  
If less than one day hr. \_\_\_ min. \_\_\_

9. Birthplace Henry Co. Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Larkin Breadlove

13. Birthplace Henry Co. Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline (Unknown)

15. Birthplace Henry Co. Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara McKernan  
(b) Address 1122 Piggott Ave.

17. (a) Removal (b) Date thereof Aug. 30, '48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Booker Washington Cemetery

18. (a) Signature of funeral director J. J. Cragg

(b) Address 1036 Tudor Ave. E. St. Louis, Ill

19. (a) AUG 31 1948 (b) J. F. Bredbeck  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30  
year 1948 hour 1 minute 10 AM.

21. I hereby certify that I attended the deceased from July 23, 1948 to August 30, 1948;  
that I last saw her alive on August 30, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Broncho-Pneumonia  
Acute Cystitis - Catarrhal

Due to \_\_\_\_\_

Due to 107

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
- Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
Undet  
Undet

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? \_\_\_\_\_

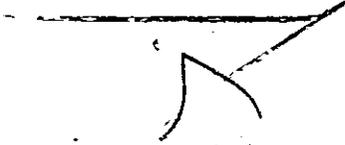
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. F. Bredbeck (M. D. or other) \_\_\_\_\_

Address 2601 N Whittier St Date signed 8-31-48

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

MOTHER FATHER



*2/24/70*

**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 *me*  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Ben. H. Baldur*  
Licensed Embalmer No. *2470*  
P. O. Address. *E. 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.**