

No. 2
-5-43
-17-39
X 36671

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

FILED OCT 30 1948

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1003

Registrar's No. **9112**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County MO.

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

(c) Name of hospital or institution:
ENroute to Homer G. Phillips
(If not in hospital or institution, write street number or location)

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

In this community 25 years. 3 (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000
17

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL") 9

(d) Street No. 2108 DIVISION ST.
(If rural, give location) 9

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

If yes, name country _____

3. (a) PRINT FULL NAME Phillip Woods

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-12-5392

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased Dec. 15 1900.
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1948 hour 6 minute 30 #

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Constructive Pericarditis Duration _____

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

48 10 5 _____ hr. _____ min.

9. Birthplace Washington Cty. Miss 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Phillip Woods 9

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

14. Maiden name SALLIE ANTHONY 9

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

16. (a) Informant Rachel Woods 1
(b) Address 2108 DIVISION ST

17. (a) Burial (b) Date thereof 10-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. ROBINSON & SONS
(b) Address 2216 DICKSON ST

19. (a) -OCT 21 1948 G. B. Latham
(Date received local registrar) (Registrar's signature)

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) _____ (Specify type of injury)

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 10/21/48

Embalmer Reports Cert to be filed

OCT 21 1942

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.