

FILED DEC 8 1948 **318**

**1003**

Registrar's No. **10264**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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: St. Mary's Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 wks.  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Arthur Woods

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

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 June 9 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 5 14 hr. \_\_\_\_\_ min.

9. Birthplace Belleville Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Rail Road

12. Name John Woods

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Rollins

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Clephous Woods

(b) Address 1332 Missouri, E. St. Louis, Ill

17. (a) Removal (b) Date thereof 11/26/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair County, Ill.

18. (a) Signature of funeral director J. B. Lasater

(b) Address 3517 Laclique

19. (a) NOV 26 1948 (b) J. B. Lasater  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St. Clair  
(c) City or town East St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1011 Tudor Ave.  
(If rural, give location)  
(e) Citizen or foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23rd  
year 1948 hour 2 minutes 35 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Relapsing Embolism Duration \_\_\_\_\_  
fracture of pelvis when struck  
by car while driving by  
road on the road Oct 8th the Brady  
street East St Louis  
around 7:04 P.M. 11-6-1948  
Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Vein Cut

(b) Date of occurrence 11-23-48

(c) Where did injury occur? East St. Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Street

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

23. Signature J. B. Lasater (M. D. or other) 3

Address Laclique Date signed 11/24/48

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

MOTHER FATHER

*True*

**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 *[Handwritten Signature]*

Licensed Embalmer No. *1173*

P. O. Address. *357 Soledad*

**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.**