

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11304

#109055

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1003

State File No. _____

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|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. <u>2718</u> | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | OR TOWN <u>2259</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>25 - 1434 Market St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> | | b. (Middle) _____ | | c. (Last) <u>WOODWARD</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 12th, 1950</u> | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, <u>WIDOWED</u> (Specify) | | 8. DATE OF BIRTH <u>1/30/1885</u> | |
| 9. AGE (in years last birthday) <u>65</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 HR. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u> | | 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME <u>John Woodward</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Hale</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>M. Renard, St. Louis City Hospital</u> ADDRESS _____ | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Years</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4-2-01</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>3/2/50</u> 19 <u>50</u> , to <u>3/12/50</u> 19 <u>50</u> , that I last saw the deceased alive on <u>3/12/50</u> 19 <u>50</u> , and that death occurred at <u>2:30am</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | | | 23b. ADDRESS <u>1515 Lafayette Ave.,</u> | | 23c. DATE SIGNED <u>3/13/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE <u>MAR 23 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u> | | 24d. LOCATION (City, town, or county) (State) _____ | |
| DATE REC'D BY LOCAL _____ | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u> ADDRESS _____ | | | |

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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.