

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15140

3548

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		Date of Death 3, 19			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 605 E. ESPENSCHIED					
3. NAME OF DECEASED (Type or Print)		a. (First) Beatrice		b. (Middle) A		c. (Last) Woodson			
				4. DATE OF DEATH April 15, 1950					
5. SEX 3 FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH FEB 21 1924			
				9. AGE (In years last birthday) 26		IF UNDER 1 YEAR Months 1 Days 24			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME BENNIE WOODS		13b. MOTHER'S MAIDEN NAME ARNELL JONES		14. NAME OF HUSBAND OR WIFE HENRY C. WOODSON					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HENRY C. WOODSON 605 E. ESPENSCHIED					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest					
				ANTECEDENT CAUSES					
				DUE TO (b) Thyrototoxic heart disease					
				DUE TO (c) Thyrototoxicosis					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 4/15/50		19b. MAJOR FINDINGS OF OPERATION Thyrototoxicosis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
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? 262.0					
22. I hereby certify that I attended the deceased from April 11, 1950 , to April 15, 1950 , that I last saw the deceased alive on April 15, 1950 , and that death occurred at 3:05 Pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) F.R. Bradley O.M.W.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 4/15/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 20 1950		24c. NAME OF CEMETERY OR CREMATORY GREEN WOOD		24d. LOCATION (City, town, or county) (State) ST. LOUIS			
DATE REC'D BY LOCAL REG. APR 18 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PETTIS FUNERAL HOME 4181 WASHINGTON					

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Ether K. Harris

Signed.....
Student Embalmer

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.