

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15220

State File No.

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>3063</u> | | Registrar's No. <u>998</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>St. Louis</u> | | | | a. STATE <u>Missouri</u> | | b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u> | | c. LENGTH OF STAY (in this place) <u>D. O. H.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay 23</u> | | 4870 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Louis County Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2222 Telegraph</u> | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | 5. (Month) (Day) (Year) | |
| a. (First) <u>Roland</u> | | | b. (Middle) _____ | | | c. (Last) <u>Womack</u> | |
| (Type or Print) | | | | | | <u>April 17, 1950</u> | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Feb. 6, 1905</u> | |
| 9. AGE (In years last birthday) <u>45</u> | | IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u> | | IF UNDER 24 HRS. Hours <u>11</u> Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>operator</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mosse Paint Co.</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 13a. FATHER'S NAME <u>Oscar Womack</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Rose St. James</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Grace Womack</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. _____ | | | 17. INFORMANT'S SIGNATURE OR NAME <u>Grace Womack, Lemay 23, Mo.</u> ADDRESS _____ | |
| 18. CAUSE OF DEATH | | | | MEDICAL CERTIFICATION | | | |
| Enter only one cause per line for (a), (b), and (c) | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause unknown</u> | | | |
| * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES | | | |
| | | | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | | | DUE TO (b) _____ | | | |
| | | | | DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION _____ | | | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | 795.5 | | | |
| 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Herbert R. Womack</u> (Name of Registrar) | | | | 23b. ADDRESS <u>651 South Brentwood Boulevard</u> | | 23c. DATE SIGNED <u>4/18/50</u> | |
| Local Registrar of Vital Statistics | | | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-19-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u> | | 24d. LOCATION (City, town, or county) (State) <u>Leadington, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-18-50</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Womack</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Undertaking Co.</u> | | ADDRESS <u>7420 Mich.</u> | |

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

DEC 28 1961

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Y E Morris

Licensed Embalmer No. 3360

P. O. Address Geary

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.