

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32016

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7974**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 119	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Immaculate		d. STREET ADDRESS (If rural, give location) 4206 E. Cote Brillante	
3. NAME OF DECEASED (Type or Print) JOHNIE		4. DATE OF DEATH (Month) (Day) (Year) Sept 16 1950	
a. (First)		b. (Middle)	
c. (Last) WOODS			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unmarried	8. DATE OF BIRTH June 5, 1901
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months 3 Days 11	IF UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station Attendant		10b. KIND OF BUSINESS OR INDUSTRY Filling Station	11. BIRTHPLACE (State or foreign country) Tenn.
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Gorge Woods		13b. MOTHER'S MAIDEN NAME Maggie Thomas	
14. NAME OF HUSBAND OR WIFE none			
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 Fannie Davis		ADDRESS 3612 Cousins	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prob. Carcinoma Pectum		INTERVAL BETWEEN ONSET AND DEATH Illness	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 1574X			
22. I hereby certify that I attended the deceased from 9-14 , 1950, to 9-16 , 1950, that I last saw the deceased alive on 9-16 , 1950, and that death occurred at 5:15 pm. , from the causes and on the date stated above.			
23a. SIGNATURE A. J. Smith, M.D. (Degree or title)		23b. ADDRESS 110 Jefferson	
23c. DATE SIGNED 9-20-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 21, 1950	
24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
DATE REC'D BY LOCAL REG. SEP 21 1950		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE Lee J. Sneed		ADDRESS 3615 Easton Ave.	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leroy W. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Eastside

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.