

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6833

State File No.

FILED MAR 2 1951

318

PRIMARY REG. DIST. NO: 1003 Registrar's No. 1683

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>St. Louis, Mo.</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place) <i>2 1/2 yrs</i>		CITY OR TOWN <i>St. Louis</i>		2217	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Residence, 2305th Cole St</i>				d. STREET ADDRESS (If rural, give location) <i>2305th Cole Street</i>			
3. NAME OF DECEASED (Type or Print) <i>Millian Woodard</i>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<i>Feb. 17, 1951</i>							
5. SEX <i>Female</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Feb. 8, 1880</i>		9. AGE (In years last birthday) <i>71</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (State or foreign country) <i>Georgia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Pyle</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mitilda Lee</i> ADDRESS <i>2305th Cole</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Chronic nephritis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>year</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <i>10:30 AM Feb 17 1951</i>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>592A</i>			
22. I hereby certify that I attended the deceased from <i>1/15</i> , 1951, to <i>2/17</i> , 1951, that I last saw the deceased alive on <i>Feb 17</i> , 1951, and that death occurred at <i>10:30 am</i> , from the causes and on the date stated above.							
23. SIGNATURE <i>Amie Aldrich M.D.</i>		(Degree or title)		23b. ADDRESS <i>2607th Franklin Ave</i>		23c. DATE SIGNED <i>2-17-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Feb 21, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) (State) <i>9700 Natural Bridge Rd. Mo.</i>	
DATE REC'D BY LOCAL REG. <i>FEB 20 1951</i>		REGISTRAR'S SIGNATURE <i>J. P. Laster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>R. H. Arnie</i> ADDRESS <i>2829 Washington</i>			

WRITE PLAINLY—USING UNFAADING 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 _____

Licensed Embalmer No. 4441

P. O. Address 9829 Washington

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.