

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10815

State File No. 2790

318

1003

BIRTH NO. 21,342-51 REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Saint-Louis-</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saint Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Louis-</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>2103 Prather Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>Peggy Joy Woodruff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 24 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>3/24/51</u>	9. AGE (In years last birthday) <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXX</u>	11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Milton E. Woodruff</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Bunch</u>	14. NAME OF HUSBAND OR WIFE <u>XX</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Milton E. Woodruff</u>	ADDRESS <u>2103 Prather St. L.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythroblastosis fetalis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rh factor in compatibility</u> DUE TO (c) <u>Severe anemia.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		770.0	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3/24, 1951, to 3/24, 1951, that I last saw the deceased alive on 3/24, 1951, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sydney D. Winters M.D.</u>	23b. ADDRESS <u>4500 Olive Street.</u>	23c. DATE SIGNED <u>3/25/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1)</u>	24b. DATE <u>3/26/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAR 26 1951</u>	REGISTRAR'S SIGNATURE <u>J.B. Lester</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert J. Ambruster, Inc</u>	ADDRESS
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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.....

W E Morris

Signed.....

Student Embalmer

Licensed Embalmer No. 3360

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.