

JUN 6 1952

# STANDARD CERTIFICATE OF DEATH

18720  
State File No. 4300

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 31B PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
 a. COUNTY 2601 North Webster  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
 c. LENGTH OF STAY (In this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri  
 b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219  
 d. STREET ADDRESS (If rural, give location) 1829 Cole Street 0

3. NAME OF DECEASED  
 a. (First) Malgusta b. (Middle) \_\_\_\_\_ c. (Last) Woods

4. DATE OF DEATH May 13, 1952  
 (Month) (Day) (Year)

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 14, 1918

9. AGE (In years last birthday) 33  
 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 22 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) S teel Foundry

10b. KIND OF BUSINESS OR INDUSTRY Ransom Steel

11. BIRTHPLACE (State or foreign country) Calconny Mississippi

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Ralley Woods

13b. MOTHER'S MAIDEN NAME Emma Lockhart

14. NAME OF HUSBAND OR WIFE Maggie Woods

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. 488-32-0550

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maggie Woods 1829 Cole Street

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Medicinal Certification  
Pulmonary embolism following gunshot wound  
 ANTECEDENT CAUSES (b) following gunshot wound to chest, suffered when shot with gun in hands of one James Baker in home at 1319 a Hogan St about 1205 am Apr 20 1952  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION Hemorrhage

20. AUTOPSY? YES  NO

21a. ACCIDENT SURT. FROMICIDE (Specify) Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 20 52 12:25

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? E981X

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 8:57 p.m., from the causes and on the date stated above.

22a. SIGNATURE Agnes J. Pomeroy (Degree or title) \_\_\_\_\_

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 5/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE May 9, 1952

24c. NAME OF CEMETERY OR CREMATORY Wannona Mississippi

24d. LOCATION (City, town, or county) (State) Wannona Mississippi

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 8 1952 J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Metropolitan Funeral System Inc. 5010 Enright St

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.....

*Paul J. Freeman*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

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.