

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18803**

No. 300  
10-48  
**FILED MAY 27 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1305

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 4003</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2 WKS</u>		d. STREET ADDRESS (If rural, give location) <u>211 Meacham St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST? Louis County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) _____ c. (Last) <u>Woodward</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 16 52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 29 1914</u>		9. AGE (In years last birthday) <u>78</u>		10. UNDER 18: Days <u>12</u> Hours <u>18</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>		11. BIRTHPLACE (State or foreign country) <u>So. Georgia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles Woodward</u>		13b. MOTHER'S MAIDEN NAME <u>Phoebe unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Woodward</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-186226</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Woodward</u> ADDRESS <u>211 Meacham St.</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, asthma, 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>VOLVULUS OF SMALL BOWEL</u>		DUE TO (b) <u>CARCINOMA IN SITU, PROSTATE</u>				<u>2 DAYS</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>NOUDULAR HYPERTROPHY OF PROSTATE</u>				<u>UNKNOWN</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>				<u>UNKNOWN</u>	

19a. DATE OF OPERATION <u>5/6/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>① HYPERTROPHY OF PROSTATE DISEASE</u> <u>② VOLVULUS</u>				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) <u>177X</u>			
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? _____			

22. I hereby certify that I attended the deceased from 4-23, 1952 to 5-16, 1952, that I last saw the deceased alive on 5-16, 1952, and that death occurred at 6:04 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thaine E. Roberts, M.D.</u> (Degree or title)		23b. ADDRESS <u>601 S. Brentwood Clayton</u>		23c. DATE SIGNED <u>5-17-52</u>	
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 21, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>					

DATE REC'D BY LOCAL REG. <u>5-19-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Humphill</u> ADDRESS <u>408 S. Fillmore Ave</u>	
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SW (Licensed Embalmer's Statement on Reverse Side) Kirkwood 22. Mo.

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

**STATEMENT BY LICENSED EMBALMER**

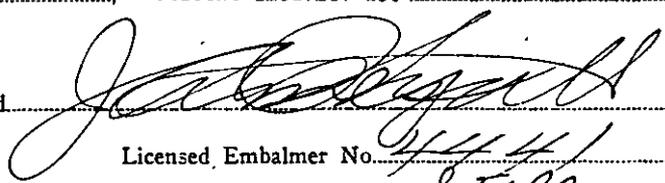
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....



Licensed Embalmer No. 5441

P. O. Address 408 S Fillmore

**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.