

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22837**
Registrar's No. **5017**

FILED JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis,**
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **St. John's 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,**
d. STREET ADDRESS (If rural, give location) **307 S. Euclid**

3. NAME OF DECEASED
a. (First) **Louise** b. (Middle) **Hortense** c. (Last) **Woods**

4. DATE OF DEATH (Month) (Day) (Year)
5 30 1952

5. SEX **F** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Never Married**

8. DATE OF BIRTH **8-2-1881** **9. AGE (In years last birthday)** **70**
10. **11. BIRTHPLACE (State or foreign country)** **St. Louis Mo.** **12. CITIZEN OF WHAT COUNTRY?** **USA**

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

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **St. Louis Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Woods**

13b. MOTHER'S MAIDEN NAME **Sarah Evans**

14. NAME OF HUSBAND OR WIFE _____

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. **None**

17. INFORMANT'S SIGNATURE OR NAME **FWB Evans Woods** **ADDRESS** **1516 1/2 Washington 633 Clayton Rd**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral, Cerebral**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **1 Congestive heart failure 2 Interstitial nephritis**

INTERVAL BETWEEN ONSET AND DEATH
1 yr.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) (Min) _____

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

21f. HOW DID INJURY OCCUR? **171X**

22. I hereby certify that I attended the deceased from **May 28, 1952, to 5-30 1952**, **19**, that I last saw the deceased alive on **5-30**, **19 52**, and that death occurred at **11:29am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature] M.D.**

23b. ADDRESS **634 N. Grand**

23c. DATE SIGNED **6-1-1952**

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

24b. DATE **6/2/52**

24c. NAME OF CEMETERY OR CREMATORY **Valhalla Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis County Mo**

DATE REC'D BY LOCAL REG. **JUN 2 1952**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE **Robert J. Ambruster** **ADDRESS** **6633 Clayton Rd.**

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Ernest W. Spillar

Licensed Embalmer No. *4080*

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.