

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37025

State File No.

9580

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maquon, Ill</u>	
c. LENGTH OF STAY (in this place) <u>1MO.</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hosp.</u>		_____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> b. (Middle) _____ c. (Last) <u>Woodmansee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 19, 1921</u>	9. AGE (In years last birthday) <u>31</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Maquon Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>Ill</u>	

13a. FATHER'S NAME <u>Everett Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Mabel Abbogusky</u>	14. NAME OF HUSBAND OR WIFE <u>Floyd W. Woodmansee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>344-16-6391</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Floyd W. Woodmansee</u>	ADDRESS <u>Maquon, Ill</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbidity 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. <u>Schizophrenia</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>331X</u>
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22. I hereby certify that I attended the deceased from 9/18/52 to 10/16/52, that I last saw the deceased alive on 10/16/52, and that death occurred at 2:35 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. S. Amey, M.D.</u>	23b. ADDRESS <u>161 Hampton Village</u>	23c. DATE SIGNED <u>10/17/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct 16, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maquon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Maquon, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>OCT 17 1952</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Alexander & Son</u>	ADDRESS <u>6175 Delmar</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 307
10.48

NOV 12 1952

Dr. [unclear]

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

M. W. Ruster

Licensed Embalmer No. *4865*

P. O. Address *St. Louis Mo*

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.