

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3974

State File No. ....

0446

FILED JAN 28 1953

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 Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 2 Years		d. STREET ADDRESS (If rural, give location) 4608 Evans	
3. NAME OF DECEASED (Type or Print) a. (First) Allen b. (Middle) A c. (Last) Woody			4. DATE OF DEATH (Month) (Day) (Year) Jan 9th 1953
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1st, 1912
9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 8	IF UNDER 24 HRS. Hours 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Coldwater Miss
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Chester A Woody	
13b. MOTHER'S MAIDEN NAME Edna Williams		14. NAME OF HUSBAND OR WIFE Margie Woody	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 427 30 4570	17. INFORMANT'S SIGNATURE OR NAME Margie Woody
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture; Subdural hemorrhage; suffered when struck by car operated by one Carmen Hreugader DUE TO (b) Major intersection of Page and Car about 640 mph II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Jan 9th 1953 000 Decedent	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 9 1953 6:40 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E8124	
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 1000A.m., from the causes and on the date stated above. 25			
23a. SIGNATURE Patric E Taylor, M.D.		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1.15.53		23d. NAME OF CEMETERY OR CREMATORY Antioch Cemetery	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 18th	
24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		24d. LOCATION (City, town, or county) (State) Coldwater Miss	
25. DATE REC'D BY LOCAL REG. JAN 15 1953		25. FUNERAL DIRECTOR'S SIGNATURE Ernest J. Golden	
25. REGISTERAR'S SIGNATURE J. Carl Smith, M.D.		25. ADDRESS 3404 Helmer	

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

STATEMENT BY LICENSED EMBALMER

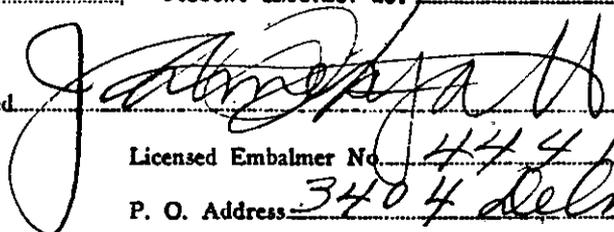
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4441

P. O. Address 3404 Delmar

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.