

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16394**
Registrar's No. **4064**

V. S. No. 300
REV. 10-48

FILED MAY 14 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 Missouri. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4053 Lee Ave.			e. STREET ADDRESS (If rural, give location) 10 4053 Lee Ave. 2109			
3. NAME OF DECEASED (Type or Print) a. (First) Alice		b. (Middle) _____	c. (Last) Woods		4. DATE OF DEATH (Month) (Day) (Year) Apr. 17, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 2, 1893	9. AGE (In years last birthday) 61	
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 (City and State or Foreign Country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Patrick Crane		13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE Late Fred Woods		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		
17. INFORMANT'S SIGNATURE OR NAME Fred Woods		ADDRESS 4053 Lee Ave.				
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) Shock; External Hemorrhage ANTECEDENT CAUSES Compound fracture left leg; suffered when struck by car operated by one Gerald L. Peterson in front of about 4056 Lee Ave. about 7:15 pm 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 Apr 17 1953		20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 17 53 7:15 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? F 8124		
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 8:40 AM m., from the causes and on the date stated above. 25						
23a. SIGNATURE Patrick E. Doyle, M.D. (Degree or title)			23b. ADDRESS 1300 Clark Ave		23c. DATE SIGNED 4-20-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 21, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		DATE REC'D BY LOCAL REG. APR 20 1953				
REGISTRAR'S SIGNATURE Charles Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE Leidner Und. Co. ADDRESS 2223 St. Louis Av			

WRITE PLAINLY—USING 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.....
Signature of Student Embalmer

Signed.....

John J. Harris

Licensed Embalmer No. 4108

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 16394

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4064

On this _____ day of _____, 195____, before me appears _____

_____ who, upon _____ oath, states that the original record of birth death
for Alice Woods ^{died} ~~born~~ April 17, 1953, 19____, in the State of
Missouri, and which was filed at St. Louis, Mo. on April 20, 1953, should be corrected as follows:

Item No. 4 should read 61
Instead of _____
64

Item No. _____ should read May -- 1893
Instead of _____
May -- 1888

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Fred Woods Inf
4053 Lee Ave Relationship
Present Address.

Subscribed and sworn to before me this 4 day of May, 1953.

My Commission expires 3-4-57 Edna J. Andrews Notary Public.

