

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 15 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4080

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Richmond Heights 4505 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4501 Westminster | | d. STREET ADDRESS (If rural, give location) # 23 Ridgetop Drive | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) PARKER | b. (Middle) HALL | c. (Last) WOODS. | 4. DATE OF DEATH (Month) (Day) (Year) April 18, 1953 |
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|---------------|------------------------|----------------------------------------------------------------|--------------------------------|------------------------------------|-------------------------|------------------------|---------------|
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 6, 1876 | 9. AGE (In years last birthday) 77 | 10. UNDER 1 YEAR Months | 11. UNDER 6 MRS. Hours | 12. MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President: M.W. Warren | 10b. KIND OF BUSINESS OR INDUSTRY Coke Co. | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Lenord Rice Woods. | 13b. MOTHER'S MAIDEN NAME Mel Mason. | 14. NAME OF HUSBAND OR WIFE Jeanne Wheeler Woods. |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 497-09-6670 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Jeanne Woods. | ADDRESS 23 Ridgetop Drive, |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure | | INTERVAL BETWEEN ONSET AND DEATH 1 hr 2 yrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac hypertrophy | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK | 21f. HOW DID INJURY OCCUR? 4343 |
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22. I hereby certify that I attended the deceased from July 1946, to April 16, 1953, that I last saw the deceased alive on April 16, 1953, and that death occurred at 6 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE Fred Kramer MD (Degree or title) | 23b. ADDRESS 4161 Leudell | 23c. DATE SIGNED 4-20-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4-21-1953 | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery. | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| DATE REC'D BY LOCAL REG. APR 20 1953 | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons. | ADDRESS 7233 Delmar Blvd., |
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5. Licensed Embalmer's Statement on Reverse Side

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.