

U.S. No. 300  
Rev. 10-48  
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10619  
Registrar's No. 10619

FILED NOV 24 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10619</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>5 wks</b>		c. CITY OR TOWN <b>St. Louis</b>		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. <b>City Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>4451 Labadie Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) <b>A.</b> c. (Last) <b>Woodling</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 - 8 - 1953</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7 - 13 - 1868</b>		9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police Sergeant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Police</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mulberry Grove, Illinois</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>George W. Woodling</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Buchanan</b>		14. NAME OF HUSBAND OR WIFE <b>Rosa Woodling</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rosa Woodling, 4451 Labadie Ave.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subdural Hematoma</b> ANTECEDENT CAUSES <b>when he fell down steps at home, about Sept 25, 1953, exact time unknown</b> DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (c) _____ 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 <b>Accident</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, garage, street, office bldg., etc.) <b>Home</b>		21c. CITY, TOWN, OR TOWNSHIP, (COUNTY) (STATE) <b>St. Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 25 53 ? m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E 9000</b>			
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 <b>3:50 p.m.</b> , from the causes and on the date stated above. <b>21</b>							
25a. SIGNATURE (Degree or title) <b>Patrick E. Taylor Carano</b>				25b. ADDRESS <b>1300 Clark</b>		25c. DATE SIGNED <b>11-9-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11/11/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Gemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		
DATE REC'D BY LOCAL REG. <b>NOV 9 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Drehmann-Harral 1905 Union Blvd.</b>			

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

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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..... *Albert R. Thompson*

Licensed Embalmer No. *4137*

P. O. Address *St. Louis*

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.