

STANDARD CERTIFICATE OF DEATH

State File No. 7017

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1735

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, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6753 Mitchell Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		a. (First) Minnie		b. (Middle) Viola	
		c. (Last) Woodside		4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1954.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 28, 1869.		9. AGE (In years last birthday) 84.		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.		11. BIRTHPLACE (City and State or Foreign Country) / Ohio.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lee Porter		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Wm H. Woodside (DCSD)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Nil.		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME David Gilchrist		17. ADDRESS 6753 Mitchell 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) <u>Acute Bronchitis</u> ANTECEDENT CAUSES Morbid 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>Myocarditis - severity</u> <u>It had Ca of Colon excised</u> <u>12 years ago</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) 500 X H	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 15, 1954, to Feb 18, 1954, that I last saw the deceased alive on Feb 18, 1954, and that death occurred at 4:45 A.M., from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. Klein MD</u>		(Degree or title)		23b. ADDRESS 2632 S. Kingshighway	
23c. DATE SIGNED 2/23/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.		24b. DATE 2-24-54	
24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) Swanwick, Illinois.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
DATE REC'D BY LOCAL REG. FEB 23 1954		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		ADDRESS 4700 Washington.	

(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.....
Signature of Student Embalmer

Signed *John S. Renne*.....
Licensed Embalmer No. *419*
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.