

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7019

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1582

1. PLACE OF DEATH
a. COUNTY 318 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) c. LENGTH OF STAY (In this place)
OR TOWN ST. LOUIS, MISSOURI c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL e. STREET ADDRESS (If rural, give location)
10 3610 PALM ST 21090

3. NAME OF DECEASED a. (First) ELIZABETH b. (Middle) NINA c. (Last) WOODWORTH 4. DATE OF DEATH (Month) (Day) (Year)
FEBRUARY 16, 1954

5. SEX FEMALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOW 8. DATE OF BIRTH 3-17-1878 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Humboldt, Ill 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marion M. Reynolds 13b. MOTHER'S MAIDEN NAME Miranda Finch 14. NAME OF HUSBAND OR WIFE Charles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Elsie Adams Bloomington Ill

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BLEEDING GASTRIC ULCER. INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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 MULTIPLE PULMONARY INFARCTION Conditions contributing to the death but not related to the disease or condition causing death. A DYNAMIC ILEUS.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 5400

22. I hereby certify that I attended the deceased from 2-11-54, 19__, to 2-16-54, 19__, that I last saw the deceased alive on 2-16-54, 19__, and that death occurred at 4:27A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul H. Larson M.D. 23b. ADDRESS 1515 Lafayette Avenue 23c. DATE SIGNED 2-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 2-20-54 24c. NAME OF CEMETERY OR CREMATORY Park Hill Cem 24d. LOCATION (City, town, or county) (State) Bloomington Ill

DATE REC'D BY LOCAL REG. FEB 18 1954 REGISTRAR'S SIGNATURE J. Earl Smith M.D. #47C 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Akron Bldg Co 2707 N. Grand

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 *J. Allen Davis*
Licensed Embalmer No. *40*

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.