

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17498

State File No.

FILED JUN 8 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1077

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 township) OR TOWN GLENDALE		c. CITY OR TOWN GLENDALE <u>465</u>	
c. LENGTH OF STAY (in this place) <u>10 YEARS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) # 6 WILLOW OAK LANE.		e. STREET ADDRESS (If rural, give location) 6 WILLOW OAK LANE.	

3. NAME OF DECEASED (Type or Print)	a. (First) HENRY	b. (Middle) H	c. (Last) WOODS.	4. DATE OF DEATH (Month) (Day) (Year) MAY 5, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 15, 1876	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; Executive. (Ralston-Purina Co.)		10b. KIND OF BUSINESS OR INDUSTRY (Ralston-Purina Co.)		11. BIRTHPLACE (City and State or Foreign Country) Frankfort, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME George Marshall Woods.	13b. MOTHER'S MAIDEN NAME Louise Woodson.	14. NAME OF HUSBAND OR WIFE Nell Taylor Woods.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 492-09-2525	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nell T. Woods.	ADDRESS 6 Willow Oak Lane,
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 3/9, 1954, to 5/5, 1954, that I last saw the deceased alive on 4/30, 1954, and that death occurred at 5:15P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Paine M.D.	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 5/6/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-7-1954	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
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DATE REC'D BY LOCAL REG. 5/7/54	REGISTRAR'S SIGNATURE Robert R. Lupton	25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons	ADDRESS 7233 Delmar Blvd;
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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..... *Arnold W. Schoene*

Licensed Embalmer No. *386*

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.