

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20054**

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 124			
1. PLACE OF DEATH a. COUNTY ST Charles County - MO				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY ST. Charles					
b. CITY OR TOWN ST Charles		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN ST Charles		d. STREET ADDRESS (If rural, give location) 1016 Pine 09230			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1016 Pine				d. STREET ADDRESS (If rural, give location) 1016 Pine					
3. NAME OF DECEASED (Type or Print) Mary			a. (First)	b. (Middle)	c. (Last) WOODS	4. DATE OF DEATH (Month) (Day) (Year) 6 9 54			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-6-1859			
9. AGE (In years last birthday) 95		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MIN. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY OWN			11. BIRTHPLACE (City and State or Foreign Country) Hamburg MO			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE ARTHUR		
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. none		17. INFORMANT'S SIGNATURE OR NAME ST. CHARLES Arthur Woods 1016 Pine				
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, asphyxia, 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) myocardial				ANTECEDENT CAUSES Patens - Sclerosis				?	
*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.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Nov , 19 38 , to June 9 , 19 54 ; that I last saw the deceased alive on June 7 , 19 54 ; and that death occurred at 4:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE H. H. Orlye M.D. (Degree or title)				23b. ADDRESS 262 1/2 N Main St. St. Charles, Mo		23c. DATE SIGNED 6/10/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-12-54		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) ST Charles county MO			
DATE REC'D BY LOCAL REG. June 12-54		REGISTRAR'S SIGNATURE Francis Hammett Bennie Lane		25. FUNERAL DIRECTOR'S SIGNATURE 2842		ADDRESS 3103 Washington St. Louis Mo			

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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alden

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.