

FILED AUG 23 1954 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29462

State File No. _____

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1906</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Babler Park</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Babler Park</u>		d. STREET ADDRESS (If rural, give location) <u>John J. Cochran Dr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>John J. Cochran Drive</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 2 1954</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Woods</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 18, 1884</u>	
9. AGE (In years last birthday) <u>70</u>		10. MONTH (Day) (Year) <u>3 15</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Caretaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Babler Park</u>		13a. FATHER'S NAME <u>Joseph Woods</u>		13b. MOTHER'S MAIDEN NAME <u>Nora (Unknown)</u>	
13c. SOCIAL SECURITY NO. <u>498-07-1849</u>		14. NAME OF HUSBAND OR WIFE <u>Alena Woods</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>498-07-1849</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Woods</u>		17. ADDRESS <u>Wentzville, Mo.</u>		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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno-Carcinoma of Lung</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>			
b. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Chronic Mega Conduits</u>							
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 _____		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) <u>163X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 <u>NOT 7</u> , 19 <u>52</u> , to <u>Aug 2</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 25</u> , 19 <u>54</u> , and that death occurred at <u>2:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Henry F. Scott M.D.</u>				23b. ADDRESS <u>Ballwin Mo</u>		23c. DATE SIGNED <u>Aug 3 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-5-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gumbo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gumbo Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-5-54</u>		REGISTRAR'S SIGNATURE <u>Nesbitt P. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home</u>		ADDRESS <u>Ballwin, Mo.</u>	

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, Mo.

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.