

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6631**
1650
Registrar's No. _____

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|--|-------------------------------|---|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 0 3 weeks | | c. CITY OR TOWN Belleville | | 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 Firmin Desloge Hospital | | | | e. STREET ADDRESS (If rural, give location) 515 S. 21st. St. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Vance | | | b. (Middle) - | c. (Last) Woodrome | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1955 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 3/8/1895 | | 9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman | | 10b. KIND OF BUSINESS OR INDUSTRY Casket Co. | | 11. BIRTHPLACE (City and State or Foreign Country) Ashley, Ill. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Harvey Woodrome | | 13b. MOTHER'S MAIDEN NAME Susan Mitchell | | 14. NAME OF HUSBAND OR WIFE Galletta Woodrome | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | | 16. SOCIAL SECURITY NO. 355-01-1747 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Galletta Woodrome Belleville, Ill. | | | |
| 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) Carcinoma Left Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH 3 mos. | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastases to Pericardium + Heart + Spleen. | | | | | |
| 19a. DATE OF OPERATION 2/10/55 | | 19b. MAJOR FINDINGS OF OPERATION Metastases to pericardial & lung. | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT, SUICIDE, HOMICIDE | | 21b. PLACE OF INJURY (e.g., in or about home, farm, workshop, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 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 163X | | | |
| 22. I hereby certify that I attended the deceased from 1-27-1955 to 2/17/1955 that I last saw the deceased alive on 2/17/1955 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE [Signature] (Degree or title) | | | | 23b. ADDRESS 634 N. Grand | | 23c. DATE SIGNED 2/18/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 2-18-55 | 24c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery | | 24d. LOCATION (City, town, or county) (State) Belleville, Ill. | | |
| DATE REC'D BY LOCAL REG. FEB 21 1955 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE Pete Gaerdner | | ADDRESS Belleville, Ill. | |

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 *Ronald O. Yahus*.....

Licensed Embalmer No. *39*.....

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.