

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10411  
State File No. ....  
Registrar's No. 2263

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|  |                       |  |  |
|--|-----------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY                |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Saint Louis                    |                       | c. CITY OR TOWN St. Louis  |  |
| c. LENGTH OF STAY (in this place)<br>2 1/2 yrs   |                       | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>6709 Arsenal Street   |                       | STREET ADDRESS (If rural, give location)<br>3 6709 Arsenal Street 2029   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) Melissa b. (Middle) I. c. (Last) Woodman                     |                       |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>3 10 1955                       |
| 5. SEX<br>F  | 6. COLOR OR RACE<br>W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married  | 8. DATE OF BIRTH<br>2 14 1895  |
| 9. AGE (In years last birthday)<br>60  |                       | 10. UNDER 1 YEAR<br>0 Months   | 11. UNDER 4 HRS.<br>26 Hours   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife       |                       | 10b. KIND OF BUSINESS OR INDUSTRY<br>Own Home  | 11. BIRTHPLACE (City and State or Foreign Country)<br>Delassus, Missouri |
| 12. CITIZEN OF WHAT COUNTRY?<br>USA  |                       | 13a. FATHER'S NAME (Unknown) Carver  |  |
| 13b. MOTHER'S MAIDEN NAME<br>Lena Bearden  |                       | 14. NAME OF HUSBAND OR WIFE<br>Ralph A Woodman   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no |                       | 16. SOCIAL SECURITY NO.<br>none  |  |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Ralph A Woodman 6709 Arsenal, St. Louis, Mo                       |                       |  |  |

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION                        |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  |  | Carcinoma of Lung                            |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH<br>8 MONTHS |  |

\*This does not mean the mode of dying, such as heart failure, ashenia, 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) \_\_\_\_\_

|  |  |   |
|--|--|---|
| 19a. DATE OF OPERATION                             | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br>163X  |

22. I hereby certify that I attended the deceased from Sept 1949, to March 9, 1955, that I last saw the deceased alive on March 9, 1955, and that death occurred at 10.40 m., from the causes and on the date stated above.

|   |  |   |   |                             |
|---|--|---|---|-----------------------------|
| 23a. SIGNATURE (Degree or title)<br>David L. Light D.O. |  | 23b. ADDRESS<br>5738 W. Flourissant   |   | 23c. DATE SIGNED<br>3-11-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial     | 24b. DATE<br>3-12-1955                       | 24c. NAME OF CEMETERY OR CREMATORY<br>Lake Charles Cemetery   | 24d. LOCATION (City, town, or county) (State)<br>St. Louis County, Missouri |                             |
| DATE REC'D BY LOCAL REG.<br>MAR 12 1955                 | REGISTRAR'S SIGNATURE<br>J. Carl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>E. Hoelmeister Colonial Mortuary<br>6161 Chippewa Street, St. Louis, Missouri |   |                             |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*Linus C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. B.

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.