

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10413
State File No. 2060

318

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 Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3015 Vine Grove | | e. STREET ADDRESS (If rural, give location) 3015 Vine Grove | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Sallie b. (Middle) C. c. (Last) Woodson | | 4. DATE OF DEATH (Month) Day (Year) Mar, 1, 1955. | |
| 5. SEX Female | 6. COLOR OR RACE Col. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 7, 1874 |
| 9. AGE (In years last birthday) 80 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil. | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo | 12. CITIZEN OF WHAT COUNTRY? USA. |
| 13a. FATHER'S NAME John Hackney | | 13b. MOTHER'S MAIDEN NAME Caroline Wilson | 14. NAME OF HUSBAND OR WIFE None |
| 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 ADDRESS Mrs. Jones 3015 Vine Grove. | |
| 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* <i>Chronic Nephritis</i> INTERVAL BETWEEN ONSET AND DEATH 10-2-55 ANTECEDENT CAUSES Morbidity 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 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR 592X | |
| 22. I hereby certify that I attended the deceased from 3 1955, to 3/1 1955, that I last saw the deceased alive on 3/1 1955 and that death occurred at 3:00 p.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>Harry Thelma</i> | | 23b. ADDRESS 2607 Washington | 23c. DATE SIGNED 3-2-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 3/7/55 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem | 24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo. |
| DATE REC'D BY LOCAL REG. MAR 5 1955 | REGISTRAR'S SIGNATURE <i>J. Carl Smith - M.D.</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home 3100 Easton Ave. | |

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..... *H. C. Claude*

Licensed Embalmer No..... *348*

P. O. Address..... *4575 Al*

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.