

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 9 1956  
BIRTH NO. 72984-55

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 1553

|   |                               |  |  |   |   |
|---|-------------------------------|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>   |                               | c. LENGTH OF STAY (in this place) <u>4 1/2 days</u>  | c. CITY OR TOWN <u>St. Louis</u>   |   | d. Is Residence within limits of a city (incorporated town)?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp</u>  |                               |  | e. STREET ADDRESS (If rural, give location) <u>16 3948 a. Chippewa</u> <sup>21690</sup>                                      |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>MARY</u> b. (Middle) <u>Adele</u> c. (Last) <u>Woods</u>   |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb. 13 1956</u>   |   |   |
| 5. SEX <u>FEMALE</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>               | 8. DATE OF BIRTH <u>Sept. 12, 1935</u>   | 9. AGE (In years last birthday) <u>5</u>  | IF UNDER 1 YEAR Days <u>1</u> Hours <u>1</u> Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                               | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>               |   |
| 12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>  |                               | 13a. FATHER'S NAME <u>Edward Woods</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Dolores Kuntemeier</u>   |   |
| 14. NAME OF HUSBAND OR WIFE   |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT'S SIGNATURE OR NAME <u>J. Donald</u>  |                               | ADDRESS <u>500 S. Kingshighway</u>   |  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><b>MEDICAL CERTIFICATION</b><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia</u><br>ANTECEDENT CAUSES<br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>053.1</u> |                               |  |  |   |   |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION   |  |   | 20. AUTOPSY? YES <input checked="" 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?  |   |
| 22. I hereby certify that I attended the deceased from <u>Feb 8, 1956</u> , to <u>Feb. 13, 1956</u> , that I last saw the deceased alive on <u>Feb. 13, 1956</u> , and that death occurred at <u>12:59 a.m.</u> , from the causes and on the date stated above.   |                               |  |  |   |   |
| 23a. SIGNATURE (Degree or title) <u>J. V. V. M.D.</u>   |                               |  | 23b. ADDRESS <u>500 S. Kingshighway Blvd.</u>  |   | 23c. DATE SIGNED <u>2/13/56</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                               | 24b. DATE <u>Feb. 15 1956</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>  |
| DATE REC'D BY LOCAL REG. <u>FEB 14 1956</u>   |                               | REGISTRAR'S SIGNATURE <u>[Signature]</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>4746</u> ADDRESS <u>Bromschwig and Son W Florissant</u> |   |

No. 300  
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
also—Congenital Endocardial fibrosclerosis

**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 *Robert M. Murray* .....

Licensed Embalmer No. *1374*

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.