

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18924

State File No.

3654

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 Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | c. LENGTH OF STAY (in this place) township) 14 yrs. | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | e. STREET ADDRESS (If rural, give location) 720a North Vandeventer | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lucille b. (Middle) c. (Last) Woodson | | 4. DATE OF DEATH (Month) (Day) (Year) 4 9 56 | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 6, 1890 |
| 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months 10 Days 3 | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | 10b. KIND OF BUSINESS OR INDUSTRY Private Family | 11. BIRTHPLACE (City and State or Foreign Country) Clarksville, Tennessee | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME Robert Hester | 13b. MOTHER'S MAIDEN NAME Mary Atkins | 14. NAME OF HUSBAND OR WIFE Lane Woodson | |
| 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. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Warren Hester 724 Converse Ave. E. St. Louis, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Undt. | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastrointestinal Hemorrhage; | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Etiology Undetermined | | | |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease Arteriolar nephrosclerosis with Uremia | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 578x | 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) | |
| 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? | |
| 22. I hereby certify that I attended the deceased from 4-3 , 19 56 , to 4-9 , 19 56 , that I last saw the deceased alive on 4-9 , 19 56 , and that death occurred at 4 P. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Edw. B. Williams | (Degree or title) M.D. | 23b. ADDRESS 2601 N. Whittier | 23c. DATE SIGNED 4-11-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 4/13/56 | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
| DATE REC'D BY LOCAL REG. APR 12 1956 | REGISTRAR'S SIGNATURE J. Earl Smith m.d. | 25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates | ADDRESS 4107 Finney |

F.P. (Licensed Embalmer's Statement on Reverse Side)

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 *Arthur L. Hollis*

Licensed Embalmer No. *422*

P. O. Address *4107 Jun*

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.