

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11323

FILED MAR 18 1957

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1982

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY _____

b. CITY OR TOWN ST. Louis c. LENGTH OF STAY (In this place) _____ c. CITY OR TOWN ST. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Home 3038 Rolla STREET ADDRESS (If rural, give location) 2109 3038 Rolla

3. NAME OF DECEASED (Type or Print) a. (First) Nettie b. (Middle) _____ c. (Last) Woodson 4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1957

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Dec. 25, 1881 9. AGE (In years last birthday) 75 if UNDER 1 YEAR Months _____ if UNDER 2 HRS. Days _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) unknown 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME John Perse ADDRESS 3038 Rolla

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Arterio Sclerosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 422.1

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:23 P.M. from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Jernigan (Doctor or title) _____ 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 2/27/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE March 1, 1957 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St. Louis county Mo

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 27 57 J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS English Undt. Co. 1123 N. Taylor

(Licensed Embalmer's Statement on Reverse Side)

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 Wallace B. Williams.....

Licensed Embalmer No. 4926.....

P. O. Address 4554 Leung.....

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.