

FILED JUL 31 1957

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26727
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6835**

300
1-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		Length of stay in lb 2 days	
32		d. STREET ADDRESS 2609 South Grand Blvd.	
4. DATE OF DEATH July 19, 1957		Month Day Year	
5. NAME OF DECEASED (Type or print) GEORGE F. WOODWARD.		4. DATE OF DEATH	
First Middle Last		Month Day Year	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH July 7, 1879	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Salesman.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Edina, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Francie Woodward.		14. MOTHER'S MAIDEN NAME Elida Clark.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. 486-20-4762	
17. INFORMANT Memorial Home, 2609 So. Grand Blvd.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPIRATION BRONCHO PNEUMONITIS DUE TO (b) INTER-TROCHANTERIC FRACTURE (R) FEMUR DUE TO (c) CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ATELECTASIS RLL			INTERVAL BETWEEN ONSET AND DEATH 12 HRS 2 DAYS
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PT. FELL ON WAY TO BREAKFAST AT NURSING HOME.	
20c. TIME OF INJURY 8 a.m. 7 17 57		E904.745	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) MEMORIAL NURSING HOME	
20f. CITY, TOWN, OR LOCATION ST. LOUIS		COUNTY MO. STATE	
21. I attended the deceased from 7-17-57 to 7-19-57 and last saw him alive on 7-19-57 Death occurred at 7:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Carl L. Repp, M.D.		22b. ADDRESS ST. LUKE HOSPITAL	
22c. DATE SIGNED 7-20-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-23-1957	
23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery.		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR G.R. Lupton & Sons; 7233 Delmar Blvd		25. DATE RECD. BY LOCAL REG. III 22 57	
26. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

EXC.I

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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 em

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed.....

Carroll H. Mur

Licensed Embalmer No. 401

P. O. Address H. Lewis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.