

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1958

3811  
STATE FILE NUMBER  
1216

Registration District No. 318 Primary Registration District 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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 27 Homer G. Phillips		Length of stay in 1b	36 <sup>9</sup> STREET ADDRESS 5059 Terry (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Malinda Middle Last Woodley		4. DATE OF DEATH Month 1 Day 29 Year 58	
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-11-1906
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months 11 Days 18	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Mississippi
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Alford Ingram	
14. MOTHER'S MAIDEN NAME Katy Powell		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. 425-37-3418		17. INFORMANT Address Roberta Hill 5059 Terry	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Extensive Subarachnoid Hemorrhage  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Subdural Hemorrhage, left frontal lobe.  
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  
Suffered when deceased fell and struck side of forehead in home at 1506 North Spring Ave. E94.0

19. WAS AUTOPSY PERFORMED? YES  NO   
20a. ACCIDENT  SUICIDE  HOMICIDE   
20b. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)  
20c. TIME OF INJURY Hour 3 a. m. Month, Day, Year 1 26 58 an January 26, 1958.  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
17 Home St. Louis Mo

21. I attended the deceased from Death occurred at 245 P. on the date stated above; and to the best of my knowledge, from the causes stated.  
22. SIGNATURE (Degree and title) 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal  
23b. DATE 2-3-58  
23c. NAME OF CEMETERY OR CREMATORY Father Dickson  
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS Ellis Funeral Home 2820 Stoddard St.  
25. DATE RECD. BY LOCAL REG. FEB 3 '58  
26. REGISTRAR'S SIGNATURE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Fulton E. Culkin*

Licensed Embalmer No. *417*

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.