

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007992  
State File No. 1665  
Registrar's No. 1665

FILED FEB 28 1958

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

|   |  |   |   |  |  |  |   |  |  |
|---|--|---|---|--|--|--|---|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 318  |   | PRIMARY REG. DIST. NO. 1003  |  | Registrar's No. 1665   |   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Illinois<br>b. COUNTY _____ |  |  |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN St. Louis, Missouri  |  | c. LENGTH OF STAY (in this place)<br>2 days   |   | c. CITY OR TOWN Granite City   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>24 St. Louis Children Hospital   |  |   |   | e. STREET ADDRESS (If rural, give location)<br>1860 Poplar 81208   |  |  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Terri<br>b. (Middle) Lynn<br>c. (Last) Woods   |  |   | 4. DATE OF DEATH<br>2-11-58               |  | 5. SEX<br>Female   |  | 6. COLOR OR RACE<br>White                       |  |  |
| 7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)<br>Single   |  | 8. DATE OF BIRTH<br>9-6-57  |   | 9. AGE (In years last birthday) 5  |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |   | IF UNDER 4 HRS.<br>Hours _____ Min. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>None   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>None |  | 11. BIRTHPLACE (City and State or Foreign Country) /<br>Granite City, Illinois |  |   | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.   |  |
| 13a. FATHER'S NAME<br>Richard L. Woods  |  |   | 13b. MOTHER'S MAIDEN NAME<br>Lois Justice |  |  | 14. NAME OF HUSBAND OR WIFE<br>None  |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO  |  | 16. SOCIAL SECURITY NO.<br>None   |   | 17. INFORMANT'S SIGNATURE OR NAME<br>Luan Lehr, 500 S. Kingshighway  |  |  |   | ADDRESS  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis<br><br>ANTECEDENT CAUSES<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><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>340.3 |   |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br>4 days                                       |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |   |  |  |  |   | 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 2-9-1958, to 2-11-1958, that I last saw the deceased alive on 2-11-1958, and that death occurred at 2:20 p.m., from the causes and on the date stated above.             |  |   |   |  |  |  |   |  |  |
| 23a. SIGNATURE<br>J. N. Niederhump  |  |   |   | 23b. ADDRESS<br>Childrens Hospital   |  | 23c. DATE SIGNED<br>2-12-58  |   |  |  |
| 24a. APPROX. X-RAY FROM REMOVAL (Specify)   |  | 24b. DATE<br>Feb 11 '58   |   | 24c. NAME OF CEMETERY OR CREMATORY<br>St. Johns Cemetery   |  | 24d. LOCATION (City, town, or county) (State)<br>Granite City, Illinois  |   |  |  |
| DATE REC'D BY LOCAL REG.<br>FEB 13 58   |  | REGISTRAR'S SIGNATURE<br>J. Cash  |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Leonard R. Davis                           |  | ADDRESS<br>2060 Cleveland<br>Granite City, Ill. |  |  |

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 *Loren H. Davis*.....

Licensed Embalmer No. *29-9*.....

P. O. Address *Granite City*.....

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.