

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031134

STATE FILE NUMBER

2865

FILED SEP 15 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2865

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN ST. LOUIS MO Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN LAQUE 4421 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb 08 HOSPITAL OR INSTITUTION DEACONESS HOSPITAL		d. STREET ADDRESS (If outside, give location) Reside on Farm 27 12 LINDWORTH DRIVE Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROY Middle VIVIAN Last WOODWORTH		4. DATE OF DEATH Month AUG. Day 11 Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 9 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIES SPECIALIST		10b. KIND OF BUSINESS OR INDUSTRY PROGRESSIVE SERV. CO	11. BIRTHPLACE (City and state or country) ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME OLLIE WOODWORTH	
14. MOTHER'S MAIDEN NAME EDITH MUELLER		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. 494-09-1509		17. INFORMANT Address ETHEL WOODWORTH 12 LINDWORTH DR	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture, abdominal aortic aneurysm Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) 451X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Essential hypertension; Coronary artery disease			INTERVAL BETWEEN ONSET AND DEATH 2 hours 1 year
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input 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.)		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 12 1955 to Aug. 11 1958 and last saw ^{her} him alive on Aug 11 1958 Death occurred at 9:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph Edwards M.D. (Degree or title)		22b. ADDRESS 3720 Washington Blvd.	
22c. DATE SIGNED 8/12/58		23a. BURIAL CREMATION OR DISPOSITION (Specify)	
23b. DATE AUG 14 1958		23c. NAME OF CEMETERY OR CREMATORY VAL HALLA MAUSOLEUM	
23d. LOCATION (City, town, or county) (State) 7600 ST. CHARLES ROCK POND MO		24. FUNERAL DIRECTOR A. RON L AND V. CO. GRAND.	
25. DATE RECD. BY LOCAL REG. AUG 13 58		26. REGISTRAR'S SIGNATURE Carl Smith MD	

(Licensed Embolmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Gustav W. Dinter*
Licensed Embalmer No. *4*
P. O. Address *St. Louis*

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.