

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>720 Belt St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Length of stay in 1b <b>10 hours</b>				
<b>St. Louis, Missouri</b>				
<b>St. Louis Childrens</b>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <b>Sherry Ann Woodruff</b>			<b>4. DATE OF DEATH</b> Month Day Year <b>4-3-1960</b>			
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>6-1-58</b>	<b>9. AGE (last birthday)</b> <b>1</b>	IF UNDER 1 YEAR Month Days Hours Min. <b>10</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>None</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Rolla, Missouri</b>		
<b>13a. FATHER'S NAME</b> <b>James Eugene Woodruff</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Nina McFaul</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT</b> Address <b>Vernell Kunzie 500 S. Kingshighway</b>		

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac and Respiratory Arrest</b> DUE TO (b) <b>Cerebral Edema</b> DUE TO (c) <b>Thermal Body Burns</b> Conditions, if any, which gave rise to above cause (a) <b>Joseph M. ...</b> (b) <b>Joseph M. ...</b> (c) <b>Joseph M. ...</b> (If yes, give war or dates of service)		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4-5-60</b>		PART III. If deceased was female was there a pregnancy in last 90 days. 917.0 17 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <b>Pulled pan of hot grease from stove</b>		
<b>20c. TIME OF INJURY</b> Hour Month, Day, Year <b>7 P. a.m. 4-2-60</b>				
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home St. Louis, Mo.</b>		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE <b>St. Louis</b> <b>Mo</b>
<b>21. I attended the deceased from</b> <b>4-2-60</b> to <b>4-3-60</b> and last saw her/him alive on <b>4-3-60</b> Death occurred at <b>4:30 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

<b>22a. SIGNATURE</b> (Degree or title) <b>Howard Vernon Sander M.D.</b>		<b>22b. ADDRESS</b> <b>500 S. Kingshighway, St. Louis</b>	
<b>22c. DATE SIGNED</b> <b>7/3/60</b>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>		<b>23b. DATE</b> <b>4/4/60</b>	
<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Local Cemetary</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Rolla, Missouri</b>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>APR 4 1960</b>	
		<b>26. REGISTRAR'S SIGNATURE</b> <b>Earl Smith, M.D.</b>	

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

JUL 8 1980

APR 23 1980

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Elmer R. Padon*

Licensed Embalmer No. 4071

P. O. Address St Louis

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