# RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-028951

FILED VS AUG 10 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6884 STATE FILE NUMBER

| | |
|---|---|
| 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b DOA | c. CITY OR TOWN Valley Park — Inside Limits Yes ☒ No ☐ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet. Adm. Hosp. — Inside Limits Yes ☒ No ☐ | d. STREET ADDRESS (If outside, give location) 132 Petty's Hill — Reside on Farm Yes ☐ No ☒ |

| 3. NAME OF DECEASED (Type or print) | First | Middle | Last | 4. DATE OF DEATH | Month | Day | Year |
|---|---|---|---|---|---|---|---|
| MR. | ARCHIE | JOSEPH | WOODSON | | July | 7, | 1960 |

| 5. SEX | 6. COLOR OR RACE | 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH | 9. AGE (last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HR Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M. | W. | | 2/28/1902 | 58 | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| Machinist | Looseleaf Medal Co. | St. Louis, Mo. | USA |

| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
|---|---|---|
| James F. Woodson | Eva Christina Ackermann | Nellie Woodson |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | Address |
|---|---|---|---|---|
| Yes | WW 1 | 497-07-8935 | Nellie Woodson, 132 Petty's Hill | Valley Park Mo |

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Congestive Heart Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Heart Disease Secondary to Pulmonary Disease

DUE TO (c) Tuberculosis, Pulmonary, For Advanced Inactive

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 002X

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ — 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1959, to 1960 and last saw her/him alive on 6-30-60

Death occurred at 10:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

| 22a. SIGNATURE (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
|---|---|---|
| Peter W. Russello M.D. | 3720 Washington Ave. | JUL 28 1960 |

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 7/11/1960 | Laurel Hill Cemetery | St. Louis Co. Missouri |

| 24. FUNERAL DIRECTOR | ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|---|
| Alexander & Sons | 6175 Delmar Blvd. | JUL 8 1960 | Earl Smith, M.D. |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Dr. P. Kinele
3720 Washington Ave.

**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_____ Signed J. D. E. McCulloh
Signature of Student Embalmer

Licensed Embalmer No. 246

P. O. Address 5175 Pd

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