

XC-1488 585

SL 23660

1003

8649

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 318
 FILED VS SEP 14 1960

318

Primary Registration District No.

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 915 N.GRAND, ST. LOUIS, MO.		Length of stay in 1b 16 days	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4267A HARTFORD
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EDWARD WOODS			4. DATE OF DEATH Month Day Year SEPTEMBER 5 1960		
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 9/7/92	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY Dressman Ref/6	11. BIRTHPLACE (City and state or country) PULLMAN, ILLINOIS	12. CITIZEN OF WHAT COUNTRY USA
--	---	---	------------------------------------

13a. FATHER'S NAME JAMES WOODS	13b. MOTHER'S MAIDEN NAME MARY HOOLIHAN	14. NAME OF HUSBAND OR WIFE MARY WOODS
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1	16. SOCIAL SECURITY NO. 485-05-1505A	17. INFORMANT Address Mary Woods, 4267A Hartford, St. Louis, Mo.
--	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERIPHERAL VASCULAR COLLAPSE (SHOCK) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BILATERAL PULMONARY EMBOLI DUE TO (c)		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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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. ^{NA} attended the deceased from 8/20/60 to 9/5/60 and last saw ^{BEK} him alive on 9/5/60 Death occurred at 2:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) LESTER GARFINKEL, M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 9/5/60
--	-------------------------------------	----------------------------

23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial 89-8-1960	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Parish - LA
---	-----------	---	--

24. FUNERAL DIRECTOR'S NAME AND ADDRESS WINGBERMUEHLE 3819 S. GRAND ST. LOUIS, MO.	25. DATE RECD. BY LOCAL REG. SEP 6 1960	26. REGISTRAR'S SIGNATURE Lead Smith, M.D.
--	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Geo. J. Longbermuck

Licensed Embalmer No. 4611

P. O. Address Home 18 W.

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.