

318

1003

=61-023360

AMENDED

Registration District No. **FILED JUN 16 1961**

Primary Registration District No. _____

Registrar's No. **5448**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 3719 Alberta Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Alfred Middle Woodward Last				4. DATE OF DEATH Month June Day 9 Year 1961									
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 12/7/80		9. AGE (last birthday) 80		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) employee				10b. KIND OF BUSINESS OR INDUSTRY Straub Grocery		11. BIRTHPLACE (City and state or country) London, England				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Woodward				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE Barbara Bopp Woodward					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown				16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Barbara Woodward - 3719 Alberta							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE, (a) Chronic Myocarditis & Hypertension 3 yrs DUE TO (b) Asteroid - Sclerosis 10 yrs DUE TO (c) Hemiplegia B. 443X 26 days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Terminal pneumonia 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 type="checkbox"/> NO <input checked="" 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.) none									
20c. TIME OF INJURY Hour a.m. p.m. none													
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, hotel, etc.) none		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from March 1960 to June 9 1961 and last saw him alive on June 9 1961 Death occurred at 8:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Supper Blumpe MD (Inscribed or title)				22b. ADDRESS 3933 LeGrand				22c. DATE SIGNED June 12/61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 12, 1961		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				23d. LOCATION (City, town, or county) St. Louis, Missouri		STATE			
24. FUNERAL DIRECTOR WACKER-HELDERLE-3634 ADDRESS Gravois Ave.				25. DATE RECD. BY LOCAL REG. JUN 12 1961		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.							

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John J. Krupin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.