

APR 9 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City Saint Louis, Missouri, No. 4941 Murdoch Ave.

File No. **10479**
Registered No. **3053**
St. Ward)

2. FULL NAME Catherine M. Wood,

(a) Residence, No. 4941 Murdoch Ave. St. 14 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilbur F. Wood.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 2, 1861.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 76 1 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Chicago, (STATE OR COUNTRY) Illinois.

13. NAME Henry Whittler

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Wilbur F. Wood. (ADDRESS) 4941 Murdoch Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pk. DATE March 20th, 1937

19. UNDERTAKER Ziegenhein Bros. (ADDRESS) 2623 Cherokee Street.

20. FILE MAR 19 1937 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1937, to March 17, 1937
I last saw her alive on March 17, 1937 Death is said to have occurred on the date stated above, at 5:20 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset:

Other contributory causes of importance: Cerebral Hemorrhage

Name of operation No. Date of.....
What test confirmed diagnosis? Findings Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, County, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Joseph Saacks, M. D.
(Signed) Joseph Saacks
(Address) 4700 Gravois

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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