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.

DEC'D SEP 14 1938

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

26923
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 6937
(c) City St. Louis (d) Street No. 7150 Tremont Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 300 Thomas Frank Wood
(a) Residence, No. 7150 Tremont Ave. St. 3 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1896
7. AGE: YEARS 42 MONTHS 5 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Business Rep.
9. Industry or business in which work was done, as saw mill, bank, etc. S. W Bell Tele.Co
10. Date deceased last worked at this occupation (month and year) Jul 15, 38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Vernon, Ill.

FATHER
13. NAME Thomas F. Wood.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Elvira Mac Farland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Walter A. Wood. 7150 Tremont Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill. DATE Aug. 6, 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander & Sons 6175 Delmar Blvd.
20. FILED AUG 5 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH
No attending physician
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3rd, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8.00 m. PM
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency; Aortic Stenosis;
Contrib: Chronic Diffuse Nephritis.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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 see above

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Joseph M Lunn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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, ...

J Wm Bunkley, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed J Wm Bunkley

Licensed Embalmer No. 3653

P. O. Address 6175 Delmar

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.