

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

33890
 Do not use this space.

RECD NOV 16 1938

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 1000
 (b) Township St. Louis Mo Primary Registration District No. 8876
 (c) City St. Louis Mo (d) Street No. 4368 Chestnut Registered No. 1000
 (If death occurred in hospital or institution, write name instead of street and number) St. St. Louis Mo
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4368 Chestnut St. 17 (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) Married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1896
 7. AGE YEARS 68 MONTHS 2 DAYS 24 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) St. Louis Mo
 13. NAME Roger Wood
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 15. MAIDEN NAME Elizabeth Triffin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mary Wood 4368 Chestnut
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary DATE Oct 12, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. Quinn 21389 Union
 20. FILED OCT 11 1938 J. F. Bredeck Local Registrar

NEURAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 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 _____ m.
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset
Neglected Infection of heart
 Other contributory causes of importance:
Cystic Degeneration of cerebral hemispheres
arterio aneurysms

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 suicide
 Nature of injury _____

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

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.

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No. 1591

P. O. Address 4106⁹ Btun

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