

JAN 14 1939

FEB 6 1939

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

3943
Do not use this space.

1. PLACE OF DEATH
 (a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 302
 (c) City Jefferson Barracks (d) Street No. Veterans Hospital St.
Unkn (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lawrence Hood
 (a) Residence, No. 300 St. De Soto, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Bernice Hood (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 5 5
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Oil Distributor
 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 -

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 14, 1939
 22. I HEREBY CERTIFY, That I attended deceased from January 13, 1939 to January 14, 1939
 I last saw him alive on January 14, 1939. Death is said to have occurred on the date stated above, at 8:05A.m.
 The principal cause of death and related causes of importance were as follows:
Cerebrospinal meningitis, acute, secondary to acute suppurative otitis media, right and acute nasal pan-sinusitis.
 Date of onset 1/13/39
 Other contributory causes of importance: None
 Name of operation None Date of None
 Why clinical manif. and laboratory NO
 What test confirmed diagnosis? None Was there an autopsy? NO

12. BIRTHPLACE (CITY OR TOWN) Saint Francis Co., Missouri
 13. NAME Aaron Hood
 14. BIRTHPLACE (CITY OR TOWN) Missouri
 15. MAIDEN NAME Martha E. Heart
 16. BIRTHPLACE (CITY OR TOWN) Missouri
 17. INFORMANT Clinical Pathologist, Jefferson Barracks, Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pauline's Crem. DATE 17/14/39
 19. FUNERAL DIRECTOR (NAME) Albert H. Hays (ADDRESS) 4700 Washington Ave
 20. FILED JAN 14 1939 G.R. Meyer Local Registrar

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1939
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury None
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None
 (Signed) C.W. HUGHES, Chief Med. Officer, M. D.
 (Address) VA F., Jefferson Barracks, Mo.

K. 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

Albert W. Nappé

Licensed Embalmer No. *1861*

P. O. Address *4700 Washington*

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.