

Registration District No. **791**

Primary Registration District No. **1003**

103
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 weeks**
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis** **11**
(If outside city or town limit write "RURAL")

(d) Street No. **3920 North Market Street**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **HETTIE E. WOOD.** **300**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George H. Wood.** 6. (c) Age of husband or wife if alive **83** years

7. Birth date of deceased **November 10, 1861.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	7	24	hr. min.

9. Birthplace **Washington, Illinois.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **at home**

MOTHER FATHER

12. Name **Henry Culbertson.**

13. Birthplace **?** **Ohio.**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Dill.**

15. Birthplace **?** **Ohio.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dessie Stewart.**

(b) Address **5649 Hamilton Ave.**

17. (a) **Burial** (b) Date thereof **7-6-1940.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Geo. L. Pleitsch Inc.**

(b) Address **5966-68 Easton Ave.**

19. (a) **JUL 5 1940** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4th.**
year **1940** hour **9** minute **A.M.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of operation Breast with metastasis to liver & pectus of left**
Due to tumor suffered in fall at her home 3920 No Market St. on May 27 1940 at about 6.30 PM

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **186a**

Of autopsy **18**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **May 27 1940**

(c) Where did injury occur? **at home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **Joseph M. Latimer** **5**
(Specify type of place) While at work? **at home** Means of injury **fall**

Address **Deputy Registrar**

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.....

Leonard W. Traeger....., Registered Apprentice No.....
working under my personal supervision.

Signed *Leonard W. Traeger*
..... Licensed Embalmer No. *2678*

P. O. Address *St. Louis, Mo.*

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

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