

No. 2  
-11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27281  
Registrar's No. 2177

REC'D SEP 25 1940  
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4328 Arsenal St. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (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 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4328 Arsenal St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME John Milton Wood 300

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. none

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Elizabeth Wood 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Sept. 28th. 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 10 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name John Milvon Wood

18. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Dennis

15. Birthplace Maryland  
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa John L. Wood

(b) Address 4439 Elmbank Ave.

17. (a) Burial (b) Date thereof 8-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knob Lick, Mo.

18. (a) Signature of funeral director Parsons Wood Co.

(b) Address 3710 N. Grand Blvd.

19. (a) Aug 25 1940 (b) J. D. Brubaker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23rd.  
year 1940 hour 11.50 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 1, 1940 to Aug. 23, 1940;  
that I last saw him alive on Aug. 23, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Degenerative Myo-Carditis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work \_\_\_\_\_ (Specify type of place) Means of injury 1

23. Signature James A. Wrenn (M. D. or other) 1  
Address 508 7th Grand Date signed 8-24-40.

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

Dr. A. A. Smith  
5 in 5709  
of 10/10/10

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

A. A. Smith

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand St

**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.