

FILED AUG 28 1941

State File No. 6017

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: Sumner DeLoze Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether)

In this community 0
years, months or days

3. (a) PRINT FULL NAME SUSIE WOOD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife CHARLES WOOD | 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 30, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>0</u>	<u>21</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Hunter

13. Birthplace Missouri | (City, town, or county) | (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Charles Wood

(b) Address 988 Kirkham Road.

17. (a) burial (b) Date thereof 7-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown Mo.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave.

19. (a) JUL 23 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Kirkwood Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 988 Kirkham
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21
year 1941 hour 10:55 minute P M.

21. I hereby certify that I attended the deceased from 7/12/41
to 7/21/41, 19...; that I last saw her alive on 7/21/41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL VASCULAR ACCIDENT Duration 30 hrs

Due to ARTERIOSCLEROSIS

Due to [Signature]

Other conditions HAD CYSTOCLELE REPAIRED UNDER LOCAL ANESTHESIA 7/19/41

Major findings: Of operations CYSTOCLELE - UNRELATED TO CAUSE OF DEATH

Of autopsy NONE

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

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

(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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) D
Address 1325 St. Louis Date signed 7-22-41

Embalmer blank page

VF

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.....

..... P. O. Address.....

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, fact should be so stated above.