

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

23945  
 Do not use this space.

**AUG 28 1941**

1. PLACE OF DEATH 791

(a) County St. Louis Registration District No. 1003  
 (b) Township St. Louis Primary Registration District No. Phillips Hosp. Registered No. 6287  
 (c) City St. Louis (d) Street No. Phillips Hosp. St.  
 (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. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. 3 ds.

2. PRINT FULL NAME Mary Ann Wood  
 (a) Residence, No. \_\_\_\_\_ St.  E. St. Louis Ill  
 (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 F 3. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8

7. AGE YEARS 63 MONTHS 8 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unemployed  
 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) Roller Tennessee

FATHER 13. NAME Anderson Mitchell  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Mary Jane Glover  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) L. Anna Jackson  
E. St. Louis Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis DATE Aug 1st, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. D. [unclear]  
E. St. Louis

20. FILED JUL 31 1941 J. F. [unclear] Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1941

22. I HEREBY CERTIFY That I attended deceased from 7/26/41, 1941, to 7/28/41, 1941  
 I last saw her alive on 7/28/41, 1941. 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:

Parotitis  
Appendicitis

Date of onset 2 days

Other contributory causes of importance: 5 days

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis Clean up Was there an autopsy? No

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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) J. S. [unclear], M. D.  
 (Address) 1341 Broad St  
E. St. Louis, Mo

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.

WHILE LAINING, WITH UNFOLDING INSTRUMENTS IS A PERMANENT RECORD

I X18605

**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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

**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.**