

FILED JAN 24 1942 791

1003

Registration District No.

Primary Registration District No.

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: City Hospital #1
(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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 9A A uburt Court
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1941 hour 12.40 minute P. M.

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

3. (a) PRINT FULL NAME Carrie Wood

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Charles Wood 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan. 13, 1875.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 09 17 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Val Good

13. Birthplace Tennessee /
(City, town, or county) (State or foreign country)

14. Maiden name Martha Beasley

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

16. (a) Informant Clarence Lee Wood,

(b) Address 2002 St. Louis, W. ve.,

17. (a) Cremation (b) Date thereof Dec. 3/41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) DEC 1 1941 (b) J. J. Prudeck
(Date registered) (Registrar's signature)

Subarachnoid hemorrhage of brain. Retro-peritoneal hemorrhage and fracture of D12 vertebrae. When she was struck by a automobile driven by one John Slawson in front of about 5700 Mt. Road. Conditions within 3 months of death.

Major findings:
Of operations 170 cc.
Of autopsy 170 cc.

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 Nov 27 - 1941
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Accident

(Specify type of place) (Specify means of injury)
While at work? _____
23. Signature Alfred Perry (M. D. or other)
Address _____ Date signed 2/1/41

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

38
17
19

CITY COR.

SEP 19 1960

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..... 3225

P. O. Address..... 1125 Hodiament Ave.

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.