

FILED FEB 24 1942
Registration District No. 914

Primary Registration District No. 1003

State File No. _____

Registrar's No. 137

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: Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Solomon Augustus Wood

3. (b) If veteran, name war Alias Gus Wood 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Frances Wood 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 24 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 11 If less than one day
hr. _____ min. _____

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

10. Usual occupation Salesman

11. Industry or business Mutual Benefit Ins. Co

12. Name Marion Wood

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

14. Maiden name Udora Morgan

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

16. (a) Informant Frances Wood

(b) Address 2229 S. Jefferson Ave

17. (a) Burial (b) Date thereof January 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JAN 6 1942 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2229 S. Jefferson Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day January
year 1942 hour 3:22 minute P. M.

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

Immediate cause of death _____

Due to Urinary Extravasation; Cause undetermined; Chronic Myocarditis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]

Of autopsy _____

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) _____

(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? _____

(Specify type of place) _____

While at work? _____ Means of injury 3

23. Signature Thomas F. Callahan (M.D. or other) _____
Address Deputy Coroner Date signed 1/6/42

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

3

REC-226-1049

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.....
James J. Jones

Licensed Embalmer No. *2245*

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

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.