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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 1491

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

9426

State File No. 2835

Registrar's No.

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:
1212 Goodfellow Blvd.,
(If not in hospital or institution, write street number or location) 1

(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 5 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1212 Goodfellow Blvd., 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Osborn Wood

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Minnie Wood

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept. 21, 1862.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	6	8	hr. min.

9. Birthplace Anna, Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Jewelry

11. Industry or business

FATHER
12. Name Joseph Wood
13. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Tremain
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Wood
(b) Address 1326 Hodiamont Ave.,

17. (a) Burial (b) Date thereof 3-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) MAR 30 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1942 hour 11:00 minute A. 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 Coronary Thrombosis
Chronic Parenchymatous Nephritis

Due to Pendulum

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131 b
Of autopsy 131

Duration

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? (e) Means of injury

23. Signature Thomas F. Callanan (M. D. or other)
Address Deputy Coroner Date signed 3/31/42

(Licensed Embalmer's Statement on Reverse Side)

City Coroner

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 Albert G. Kappe

Licensed Embalmer No. 2971

P. O. Address St. Louism o.

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.