

S. No. 2
1-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20139

State File No.

FILED JUL 13 1942 791

Registration District No. Primary Registration District No. 1003 Registrar's No. 5679

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

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:
3847a McRee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: ⁹⁴
(a) State Missouri (b) County St. Francois
(c) City or town Flat River ^{NR}
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Oscar Norweide Wood
3. (b) If veteran, name war..... 3. (c) Social Security No. 492-16-6450

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 1 year 1942 hour..... minute..... M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Nora Wood 6. (c) Age of husband or wife if alive 50 years

21. I hereby certify that I attended the deceased from June 30 1942 to July 1 1942; that I last saw him alive on July 1 1942; and that death occurred on the date and hour stated above.

7. Birth date of deceased August 11 1881
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
60 10 20 ..hr.min.

Immediate cause of death
Acute dilatation of heart 2 days
Hypertension years
due to acute Bronchitis 10 days
Dilatation of heart
Due to Chronic Myocarditis

9. Birthplace Fredricktown, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Blacksmith

Other conditions Spastic paraplegia 3 years
(Include pregnancy within 3 months of death) due to Cerebral Hemorrhage

11. Industry or business
12. Name Joseph Wood
13. Birthplace Unk. Unk. 9
(City, town, or county) (State or foreign country)
14. Maiden name Quinnan
15. Birthplace Unk. Unk. 9
(City, town, or county) (State or foreign country)

Major findings:
Of operations none
Of autopsy none

16. (a) Informant Nora Wood
(b) Address 4720 Page
17. (a) Burial (b) Date thereof 8/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Flat River, Mo.

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)

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Ave
19. (a) JUL 2 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature Samuel D. Katz (M. D. or other) M.D.
Address Hall Bldg. Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

Samuel D. Katz

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. Hoffer

Licensed Embalmer No. *2971*

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.