

U. S. No. 2
OM-5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13007

State File No.

FILED APR 28 1943

318

1003

Registrar's No.

3733

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 James H. Phillips Shop
(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

3. (a) PRINT FULL NAME Belle F. Wood

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

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife John W. Wood 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 15 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 8 4 hr. min.

9. Birthplace Richmond Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Unknown Unknown

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

14. Maiden name Unknown Unknown

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

16. (a) Informant Mrs. Rose M. Wesley
(b) Address 3217 Lucas

17. (a) Burial (b) Date thereof April 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Untd. Co.
(b) Address 2732 Pine Street

19. (a) APR 22 1943 J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 621
(d) Street No. 3217 Lucas Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1943 hour 12:00 minute Noon XXX

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 1st, 2d, & 3d Degree Burns
of entire back and buttocks, when her
clothing caught fire from a stove in
her home on March 3, 1943, about
Due to 8:30 AM. ACCIDENT

Due to _____

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

Major findings _____
Of operations _____
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) ACCIDENT 000
(b) Date of occurrence 3-3-1943

(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?
home
(Specify type of place)

While at work? _____ Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 4/23/43

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

MOTHER FATHER

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 Joel Russell

Licensed Embalmer No. 4112

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.