

1. No. 2  
1-2-43  
5-17-43  
I 3342

REGISTRATION DISTRICT NO. **318**

PRIMARY REGISTRATION DISTRICT NO. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 Days**  
(Specify whether years, months or days)

In this community **23 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_

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

(d) Street No. **2831 Salena**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mirian Wood**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Sam Wood**

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

7. Birth date of deceased **march 10 1876**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>67</b>	<b>3</b>	<b>2</b>	hr. min.

9. Birthplace **Texas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **Home**

12. Name **Unknown**

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant **Myrtle Goshier**

(b) Address **2724 So. McCausland**

17. (a) **Burial** (b) Date thereof **6 14 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial Doe Run**

18. (a) Signature of funeral director **J. M. McLaughlin**

(b) Address **2301 Lafayette**

19. (a) **JUN 12 1943** (b) **J. B. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**, year **1943** hour **6:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 8**, 19**43** to **June 12**, 19**43**, that I last saw h. **or.** alive on **June 12**, 19**43**, and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **general arteriosclerosis**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **Refused**

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (2) Means of injury

23. Signature **Frank Feinberg** (M. D. or other) **6/12/43**  
Address **1515 Lafayette Avenue** Date signed \_\_\_\_\_

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

MOTHER FATHER

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**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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2301 LaSayette

**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.**