

FILED OCT 6 1945

State File No. 8501

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether)

In this community 27 Years (years, months or days)

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") 17 23

(d) Street No. 2313a South 18th, St. (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Howard Wood

3. (b) If veteran, name war No

3. (c) Social Security No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th

year 1945 hour 5:40 minute P. M.

21. I hereby certify that I attended the deceased from 9/27/45 to 9/29/45

that I last saw him alive on 9/29/45 and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Hazel

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Feb 11 1911 (Month) (Day) (Year)

Immediate cause of death Delirium tremens due to Chronic alcoholism

Duration

8. AGE: Years Months Days If less than one day

34 7 18 hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Laborer

11. Industry or business Independent Packing Co.

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Rufus Wood

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

14. Maiden name Dora Estess

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

16. (a) Informant Hazel Wood

(b) Address 2313a South 18th, St.

17. (a) Burial (b) Date thereof 10 / 2 / 45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

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?

19. (a) Date received local registrar OCT 1 1945

(b) Registrar's signature J. F. Bredeek

While at work? (Specify type of place)

Means of injury

23. Signature Herbert C. Fritz 1515 Lafayette 9/30/45 (other)

Date signed

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

00
17
9

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

L. R. Cooper

Licensed Embalmer No.

5633

P. O. Address

2317 R. Layton

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.