

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED MAR 30 1946
318

State File No. _____
Registrar's No. 2654

Registration District No. _____ Primary Registration District No. 1003

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:
4270 Clarence Ave.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4270 Clarence Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter L. Wood
3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-03-1045

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 19 year 1946 hour 4 minute 00 M.
21. I hereby certify that I attended the deceased from March 3 - 46 to March 18 - 1946
that I last saw him alive on March 18 - 1946 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Aurelia Chevreton Wood 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased August 3 1882
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 17 days
Due to _____
Due to _____
Other conditions Hypertension
(Include pregnancy within 6 months of death)

8. AGE: Years 63 Months 7 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Shoe

12. Name William Wood

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

14. Maiden name Josephine Smith

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

16. (a) Informant Aurelia Wood

(b) Address 4270 Clarence Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/46
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) MAR 20 1946 (Date received local registrar) J. Bredeck (Registrar's signature)

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) _____
(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) (e) Means of injury _____

23. Signature Peter A Eck (M. D. or other) _____
Address 4701 St Louis Ave Date signed 2/20/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
10743

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.....

Ben E. Hoffman

.....

Licensed Embalmer No.

4366

P. O. Address.....

St. Louis, Mo

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.