

FILED JUN 6 1948 STANDARD CERTIFICATE OF DEATH

State File No. **19069**
Registrar's No. **4858**

Registration District No. **318**

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: **Lutheran Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **George Wood Sr.**

3. (b) If veteran, name war **--**
3. (c) Social Security No. **492-05-6830**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Selma** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **Oct. 20 1889**
(Month) (Day) (Year)

8. AGE: Years **56** Months **7** Days **8** If less than one day
hr. min.

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

10. Usual occupation **Accountant**

11. Industry or business

12. Name **Humphrey Wood**
13. Birthplace **Unknown England**
(City, town, or county) (State or foreign country)
14. Maiden name **Salina Yoeman**
15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Selma Wood**
(b) Address **1718 Missouri Ave.**

17. (a) **Burial** (b) Date thereof **5/31/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **Wacker-Talbot**
(b) Address **3634 Gravois Ave.**

19. (a) **MAY 31 1948** (b) **J. J. Woodcock**
(Date received local registrar's certificate) (Registrar's signature)

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. **1718 Missouri Ave.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28**
year **1946** hour **6** minute **30A** M.

21. I hereby certify that I attended the deceased from **May 24th**
19 **46** to **May 28th** 19 **46**
(that I last saw him alive on **May 28th** 19 **46**
and that death occurred on the date and hour stated above.)

Immediate cause of death **Ruptured Oesophageal Varix**

Due to

Due to

Other conditions **Cirrhosis of the Liver.**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **Massive hemorrhage into stomach. Cirrhosis of the liver.**

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 **J. J. Woodcock** (M. D. or other) **5/30/46**
Address **1319 So. Bdway.** Date signed

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..... *Roberts C. Wheeler*

Licensed Embalmer No. *2128*

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.