

S. No. 2  
M-5-43  
5-17-39  
I X36671

**FILED** OCT 16 1946

318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 8586

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Park Lane Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 weeks  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 1017  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3515 Greer avenue 9  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edwin S. Wood

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emma D. Wood 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 25 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 2 10 hr. min.

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

10. Usual occupation Proof reader

11. Industry or business unemployed

MOTHER FATHER

12. Name DeWitt Wood 9

13. Birthplace not known 9

14. Maiden name Sarah Fowler (State or foreign country)

15. Birthplace not known 9

16. (a) Informant Mrs. Emma Wood

(b) Address 3515 Greer avenue

17. (a) burial (b) Date thereof 10 - 7 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre Mo.

18. (a) Signature of funeral director A. Row & Co.

(b) Address 2707 N. Grand Bly'd

19. (a) OCT 7 1946 J. F. Breach  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5  
year 1946 hour 10 minute 10 a. M.

21. I hereby certify that I attended the deceased from 9-12  
1946, to 10-5, 1946;  
that I last saw him alive on 10-5, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary edema, atrial fibrillation  
Due to valvular heart-disease & chronic myocarditis  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 92

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

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)  
(c) Means of injury 0  
23. Signature Maximilian Heitman M.D.  
Address 3624 So Broadway Date signed 10-5-46

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

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

*Stanley A. Dixon*

Licensed Embalmer No.

*4193*

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.**