

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED NOV 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39251**
Registrar's No. **9738**

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:
Christian Hospital
(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)

3. (a) PRINT FULL NAME **Anne May Wood**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **female** / 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Frank Eli Wood**
6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **5 13 1883**
(Month) (Day) (Year)

8. AGE: Years **63** Months **5** Days **23**
If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **Edwin Freegard**
13. Birthplace **England**
(City, town, or county) (State or foreign country)
14. Maiden name **Anne Dann**
15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Frank E. Wood**
(b) Address **5355 Theodosia Avenue**

17. (a) **burial** (b) Date thereof **11/15/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bellefontaine Cem. Drehmann-Harral**

18. (a) Signature of funeral director **J. F. Bredeek**
(b) Address **1905 Union Blvd.**

19. (a) **NOV 15 1946** (Date received local registrar)
J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **60**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **5355 Theodosia Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **13**
year **1946** hour **9** minute **50** P.M.

21. I hereby certify that I attended the deceased from **Oct**, 1946 to **13/Nov**, 1946.
that I last saw her alive on **Nov 13**, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death **Embolism of the heart.**
Due to **Chronic bronchitis**
Hydrothorax.
Other conditions (Include pregnancy within 3 months of death) **PH**

Major findings: Of operations.....
Of autopsy **Yes, same as above**

Duration **2**
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 **Rose Minnie Rose** (D, or other) **0**
Address **5301 A Easton Ave** Date signed **11/14/46**

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..... *Warren A. Carver*
Licensed Embalmer No. *3534*
P. O. Address.....

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.