

FILED JAN 27 1947
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1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alma Gladys Hood

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Everett Hood

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased November 16 1912
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>34</u>	<u>1</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name W. Russ Vollintine

13. Birthplace Bond County Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Voyle

15. Birthplace Bond County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Hood

(b) Address 1448 Leroy Ave, Wellston, Mo

17. (a) Removal (b) Date thereof 1/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sorento, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) JAN 13 1947 (Date received local registrar)
J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Wellston
(If outside city or town limits, write "RURAL") NR 003

(d) Street No. 1448 Leroy Avenue,
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1947 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from 11-4-46, 19____, to 1-10, 1947
that I last saw h. alive on 1-9-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia Lymphatic
Chr.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) Means of injury 0

23. Signature L. Hayden (M. D. or other) MD

Address 5899 Delmar Blvd., Date signed 1/11/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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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 Ernest W. Spiller
Licensed Embalmer No. 4080

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.