

No. 2
-12-45
-17-39
X47070

FILED FEB 3 1947

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 589

1. PLACE OF DEATH:

(a) County.....

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

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

(d) Length of stay: In hospital or institution 57 days
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999

(c) City or town Edwardsville
(If outside city or town limits, write "RURAL") NK 11

(d) Street No. 411 Cass
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) Y

If yes, name country.....

3. (a) PRINT FULL NAME John Cyrus Wood

3. (b) If veteran, name war. No

3. (c) Social Security No. 327-22-8295

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Bertha Wood

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 18 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 4 29 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business.....

12. Name William A.J. Wood

13. Birthplace Alhambra Twp. Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Harris

15. Birthplace Alhambra Twp. Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Wood

(b) Address Edwardsville, Ill.

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

(c) Place: burial or cremation Edwardsville, Ill.

18. (a) Signature of funeral director Albert H. Hope

(b) Address JAN 18 1947 4700 Washington Blvd.

19. (a) (Date received local registrar)

(b) J. F. Brudley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1947 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 23, 1946, to Jan 17, 1947;
that I last saw him alive on Jan 17, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration

Due to Carcinoma of bladder - urinary

Due to.....

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

52

Major findings: - Of operations.....

Of autopsy As above

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 d

23. Signature F.R. Bradley (M. D. or D.O.)
Address Barnes Hospital Date signed 1/17/47

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.