

**FILED** AUG 16 1947

Registration District No. ....

Primary Registration District No. **3069**

Registrar's No. **1590**

1. PLACE OF DEATH:

(a) County **St. Louis**  
 (b) City or town **Richmond Heights**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Mary's 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

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **St. Louis**  
 (c) City or town **Maplewood**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3703 Oxford Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **George William Rood**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **494-07-2105**

4. Sex **male** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Clara nee Krueger** 6. (c) Age of husband or wife if alive **65** years  
 7. Birth date of deceased **Dec. 16, 1882**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>65</b>	<b>7</b>	<b>7</b>	_____ hr. _____ min.

9. Birthplace **Arkansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Construction foreman-Union Electric**

11. Industry or business \_\_\_\_\_  
 12. Name **Unknown**  
 13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown**  
 15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara Rood**  
 (b) Address **3703 Oxford**  
 17. (a) **burial** (b) Date thereof **July 26, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Jay B. Smith**  
 (b) Address **7456 Manchester Ave.**  
 19. (a) **7-26-47** (b) **Charles H. Shoyms**  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**  
 year **1947** hour **9:35** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **July 22**  
 \_\_\_\_\_, 19**47** to **July 22**, 19**47**  
 that I last saw him alive on **July 22**, 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Skull Fracture**  
Duration 4 1/2 hrs

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsies \_\_\_\_\_

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) **Accident fall**  
 (b) Date of occurrence **July 22, 1947**  
 (c) Where did injury occur: **in home**  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? **in home garage**  
(Specify type of place)  
 While at work \_\_\_\_\_  
(Specify type of work)

23. Signature **Edw. H. ...** or other **M.D.**  
 Address **204 E. Big Bend** Date signed **7/24/47**

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

MOTHER FATHER

1916 25 1947

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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.....

*H. P. Burgess*

Licensed Embalmer No. 4029

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.