

S. No. 300
DM-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 14807
Registrar's No. 3256

FILED APR 30 1948 318
Registration District No. _____

Primary Registration District No. _____

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17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
3840a Loughborough Ave. /
(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 Lillie Della Wood
3. (b) If veteran, name war No
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 Mack Wood
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased June 30 1887
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 19
If less than one day _____ hr. _____ min.

9. Birthplace Ames Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Scott D. Gregory
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Nettie Davis
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Dyer
(b) Address 3532 Henrietta

17. (a) Burial (b) Date thereof 4-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wright City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) APR 20 1948 (b) J. F. Murrell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren / 109
(c) City or town Wright City / 0
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. / 1
REF (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) /
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1948 hour 5 minute 10 P.M.
21. I hereby certify that I attended the deceased from Aug 2
1945 to April 19 1948
that I last saw her alive on April 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death:
Generalized Carcinoma of Adaman end of Stomach
Due to Primary Stomach
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Carcinoma of Stomach
Of operations _____
Of autopsy _____
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 May Strickland (M. D. or other) M.D.
Address 512 Dow Ave Date signed 4/20/48

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 Gustav W. Dietrich

Licensed Embalmer No. 4329

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.