

FILED JUN 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20980

Registrar's No. 5618

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: St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2-days
 In this community, 18 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Luke J. Hood

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Claudia 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased July 16th., 1897
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 11 5 hr. min.

9. Birthplace Arthur Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Used Car Dealer

11. Industry or business

12. Name Luke Hood13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Ann Liza James
(City, town, or county) (State or foreign country)15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Claudia Hood(b) Address Weber Hill Road17. (a) Burial (b) Date thereof 6-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation RESURRECTION CEM.18. (a) Signature of funeral director Arthur Donnelly(b) Address 3840 Lindell Blvd.19. (a) JUN 22 1948 (b) J. J. Brackner
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Kirkwood
 (If outside city or town limits, write "RURAL")
 (d) Street No. Weber Hill Road
N.R. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st.,
year 1948 hour 4 minute 45 a.m.21. I hereby certify that I attended the deceased from June 19th., 1948, to June 21, 1948;
that I last saw him alive on June 20, 1948;
and that death occurred on the date and hour stated above.Immediate cause of death: Hypertensive Cardiovascular Renal disease Duration 6 mo.Due to Renal insufficiency

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/21

Major findings: Of operations _____

Of autopsy Hypertensive Heart Cardiac Decompensation

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 Leo D. [illegible] (M. D.)Address 205 France Bldg. St. Louis Mo Date signed 6/21/48

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.