No. 300
10.48

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3176

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 424

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4270 CLARENCE AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 9109
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 10 ST. LOUIS, 0
d. STREET ADDRESS (If rural, give location): 4270 CLARENCE AVE

3. NAME OF DECEASED (Type or Print)
a. (First): -T.-
b. (Middle): AURELIE
c. (Last): T. WOOD

4. DATE OF DEATH (Month) (Day) (Year): 1/12/50

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 11/17/1885
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JEAN CHEVRELOT
13b. MOTHER'S MAIDEN NAME: EUGENIE DORIOT
14. NAME OF HUSBAND OR WIFE: WALTER L. WOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS BERENICE CHEVRELOT — ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Breast
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 170X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1949, *to* Jan 12, 1950, *that I last saw the deceased alive on* Jan 12, 1950 *and that death occurred at* 10.55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arthur F. Sheffield MD
23b. ADDRESS: 4142 N Grand
23c. DATE SIGNED: 1/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1/16/50
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MISSOURI

DATE REC'D BY LOCAL REG.: JAN 15 1950
REGISTRAR'S SIGNATURE: J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: STROOT - CARROLL 4600 NATURAL BRIDGE AVE

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Ben E. Hoffman

Licensed Embalmer No. 4366

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 3176
Local Registrar's No. 424

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Aurelia T. Wood died ~~XXXXn~~ Jn. 12 1950, 19...., in the State of Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 3 should read Aurelia T. Wood
Instead of T. Aurelia Wood
Item No. 17 should read Miss Bernice Chevrelot
Instead of Mrs.
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and ~~belief~~.

(SEAL)

X Affiant Berenice Chevrelot Sister
Relationship.

4270 Clarence Ave.,
Present Address.

Subscribed and sworn to before me this 23rd day of June, 1950.

My Commission expires February 11, 1953 [signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
X37817

Mrs. Paldock
Room 10 Muni, Cts
Bldg.

S-3176