

FILED MAR 6 1951

STANDARD CERTIFICATE OF DEATH

1003

State File No. 6832
1019

318

BIRTH NO. 11570-51 REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		b. COUNTY ST. LOUIS	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS MATERNITY HOSP.		d. STREET ADDRESS (If rural, give location) 8812 TYRRELL AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) VIKKI b. (Middle) ELLEN c. (Last) WOOD			4. DATE OF DEATH (Month) (Day) (Year) 1 27 51		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ?	8. DATE OF BIRTH 1-26-51	9. AGE (In years last birthday)	10. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI	

13a. FATHER'S NAME GEORGE MARTIN WOOD		13b. MOTHER'S MAIDEN NAME ELLEN MARTE GROSS		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME GEORGE MARTIN WOOD	
				ADDRESS 8812 TYRRELL,	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Full Term Newborn Infant		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Slight Neonatal Atelectasis		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 762.11	

22. I hereby certify that I attended the deceased from 1-26 1951, to 1-27 1951, that I last saw the deceased alive on 1-27 1951, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE Carl R. Wegner, M.D.		23b. ADDRESS 630 So. Kings Highway		23c. DATE SIGNED 1/28/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24b. LOCATION (City, town, or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 1 1951 J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE A. H. Beckey		ADDRESS 6536 Clayton Rd	
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Not Embalmed

Licensed Embalmer No. *Chas. Beckley*

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.