

KC-125128

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23224

REG. # 102,852

BIRTH NO. FILED JUL 15 1952

REG. DIST. NO. 217

PRIMARY REG. DIST. NO. 500

Registrar's No. 1676

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>JEFFERSON BRKS., MO.</b>		c. LENGTH OF STAY (If in place) <b>2 DAYS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b> <u>2059</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>I.</b> c. (Last) <b>WOOD</b>		d. STREET ADDRESS (If rural, give location) <b>1238 TEMPLE</b> <u>1</u>	
4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 19, 1952</b>		5. SEX <b>MALE</b> 6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>3-2-87</b>	
9. AGE (In years last birthday) <b>65 YRS.</b>		10. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GARAGE MANAGER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b> <u>U</u>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>UNKNOWN</b>	
13b. MOTHER'S MAIDEN NAME <b>HELEN HARRISON</b>		14. NAME OF HUSBAND OR WIFE <b>MARY A. WOOD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) <b>YES WW-I</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF., BRKS., MO.</b>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL THROMBOSIS</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <b>ARTERIOSCLEROSIS, GENERALIZED</b>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (c) <b>NONE</b>		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <b>NONE</b>		19a. DATE OF OPERATION <b>NONE</b>	
19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>SUICIDE</b>		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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that <sup>VA</sup> attended the deceased from <u>6-17-52</u> , 19 <u>52</u> , to <u>6-19-52</u> , 19 <u>52</u> , <del>at the residence of the deceased</del> and that death occurred at <u>5:00 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Emmett D. Wall</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>VET ADM. HOSP, JEFF BRKS, MO.</b>	
23c. DATE SIGNED <b>6-19-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>6-21-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral, 1905 Union, St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-21-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b>	

SW (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 Albert R. Thompson Jr

Licensed Embalmer No. 46237

P. O. Address St. Louis

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.