

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **12745**

No. 300
10-48

FILED APR 11 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 968

1. PLACE OF DEATH a. COUNTY <u>ST Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>934 COFFEY DR.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>934 COFFEY DR.</u>		d. STREET ADDRESS (If rural, give location) <u>934 COFFEY DR.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>WOOD</u> c. (Last) <u>WOOD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 2 53</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>9-28-1880</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MET INS. CO</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST Louis MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ALPHREY WOOD</u>		13b. MOTHER'S MAIDEN NAME <u>SALINE YOEMAN</u>	
14. NAME OF HUSBAND OR WIFE <u>LOUISE WOOD</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-02-7791</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>LOUISE WOOD</u>		17. ADDRESS <u>934 COFFEY DR. W.G.</u>		18. INTERVAL BETWEEN ONSET AND DEATH	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) <u>arterio sclerosis</u>			
		DUE TO (c) <u>Diabetes Mel.</u>			
		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 <u>260X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)		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 I attended the deceased from May 1, 1952, Apr 2, 1953, that I last saw the deceased alive on Apr 1, 1953, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. A. Allen</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>4362 Warner Ave</u>		23c. DATE SIGNED <u>4/3/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST PETERS</u>	
24d. LOCATION (City, town, or county) (State) <u>ST Louis MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Douthett</u>		ADDRESS <u>U.C. 2707 N. Grand</u>	

DATE REC'D BY LOCAL REG. 4-8-53

P.S. (Licensed Embalmer's Statement on Reverse Side)

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 Ronald O Habuk

Licensed Embalmer No. 30917

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.