

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

10620

State File No.

No. 300
10-48

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 655

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN Brentwood	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) D.O.A.		e. STREET ADDRESS (If rural, give location) 2110 Brentwood Blvd, 4511 / 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Frederick	c. (Last) Wood	4. DATE OF DEATH (Month) (Day) (Year) March 11 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 4 1902	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR 8 Days	IF UNDER 24 HRS. 7 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant	10b. KIND OF BUSINESS OR INDUSTRY unk.	11. BIRTHPLACE (City and State or Foreign Country) Great Falls Montana /	12. CITIZEN OF WHAT COUNTRY America
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13a. FATHER'S NAME Walter Wood	13b. MOTHER'S MAIDEN NAME Effie Smith	14. NAME OF HUSBAND OR WIFE Rose Wood
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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. 488-07-1754	17. INFORMANT'S SIGNATURE OR NAME Rose Wood ADDRESS Brentwood 17 Mo.
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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, ashenia, 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) From a self-ingested overdose of barbiturates, suffered in the home of his sister, MRS. FRANK CAHILL in Allenton Mo. He was removed by Bopp Ambulance \$o the St. Louis County Hospital where he was pronounced dead on arrival.		
	* 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Allenton St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Mar. 11, 1954 5:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self-ingested over-dose of barbiturates.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ernest J. Willmann (Degree or title) Coroner	23b. ADDRESS	23c. DATE SIGNED 3-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-15-54	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.
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DATE REC'D BY LOCAL REG. 3/15/54	REGISTRAR'S SIGNATURE Heather R. Ambler	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger ADDRESS Kirkwood 22 Mo.
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(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.....
Signature of Student Embalmer

Signed *William N. O'Leary*

Licensed Embalmer No. *431*

P. O. Address *Kelley*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.