

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20514

State File No.

4695

FILED JUN 20 1955

318

1003

Registrar's No.

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|---|--|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | 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 Mo. b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital | | | | STREET ADDRESS (If rural, give location) 15 3945 Kingsland Ct. 21590 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MADA | | b. (Middle) F. | | c. (Last) WOOD | | 4. DATE OF DEATH (Month) (Day) (Year) May 27 1955 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH Sep. 28, 1891 | | | |
| 9. AGE (In years last birthday) 63 | | IF UNDER 1 YEAR Months _____ | | IF UNDER 24 HRS. Days _____ | | IF UNDER 4 HRS. Hours _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Sheriff-City of St. Louis | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | | | |
| 13a. FATHER'S NAME Percy Pepon | | 13b. MOTHER'S MAIDEN NAME Beatrice Viggers | | 14. NAME OF HUSBAND OR WIFE Late Roy E. Wood | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert W. Churchill 3945 Kingsland Ct | | | | | |
| 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) Coronary Occlusion ANTECEDENT CAUSES Coronary Arteriosclerosis Morbidity 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. | | | | INTERVAL BETWEEN ONSET AND DEATH 6 hours | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 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) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4201 | | | | | |
| 22. I hereby certify that I attended the deceased from Nov. 1, 1950 , to May 27, 1955 , that I last saw the deceased alive on May 27, 1955 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or Title) M.D. J. D. Jarrow | | | | 23b. ADDRESS 589 N. Grand St. St. Louis | | 23c. DATE SIGNED 3/5/55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 31, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | | |
| DATE REC'D BY LOCAL REG. MAY 31 1955 | | REGISTRAR'S SIGNATURE Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl. | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

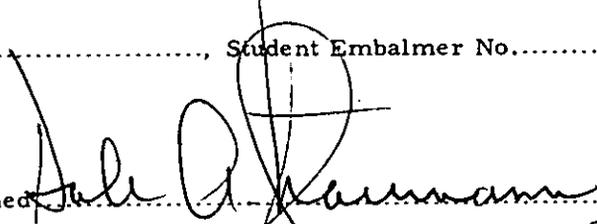
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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



Licensed Embalmer No. 45

F. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.