

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3118**
Registrar's No. **193**

FILED JAN 26 1956

318 PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 193		
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 town or township) 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 Incarinate Word Hospital				e. STREET ADDRESS (If rural, give location) 5446 Sutherland Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) BEULAH b. (Middle) _____ c. (Last) WOOD			4. DATE OF DEATH (Month) (Day) (Year) Jan. 5 1956					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH May 26, 1871		
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Booneville, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Camp			13b. MOTHER'S MAIDEN NAME Edy Skelton		14. NAME OF HUSBAND OR WIFE Late Sylvania Wood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Roxie McCaughey ADDRESS 5446 Sutherland Ave.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis noted about 10 days ago ANTECEDENT CAUSES DUE TO (b) Cardio-renal-vascular disease - present DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture right hip January 12-24-55					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Eggs 44 2x5 50% opacity				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 5446 Sutherland		21c. (CITY, TOWN, OR TOWNSHIP) St. James, Mo.		21d. (STATE) Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-24-55 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Pt fell on floor in home while getting electric heater				
22. I hereby certify that I attended the deceased from 4-25-48 , 19____, to 1-5-56 , 19____, that I last saw the deceased alive on 1-5-56 , 19____, and that death occurred at 1:15P m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) John F. Flynn M.D.				23b. ADDRESS 1715 So 39th St. (10) Mo		23c. DATE SIGNED 1-6-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		24b. DATE Jan. 7, 1956		24c. NAME OF CEMETERY OR CREMATORY Hill Cemetery		24d. LOCATION (City, town, or county) (State) Bloomfield, Mo.		
DATE REC'D BY LOCAL REG. JAN 6 1956		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.				

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. 514 working under my personal supervision..

Student George W. Kueperhauer, Jr.
Signature of Student Embalmer

Signed William P. White

Licensed Embalmer No. 42

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