

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

7187

No. 300  
10.48

FILED SEP 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY _____		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 township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	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) <b>30 years</b>		e. STREET ADDRESS (If rural, give location) <b>5649 Cates Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5649 Cates Avenue</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ISABEL</b>	b. (Middle) <b>FRANCES</b>	c. (Last) <b>WOOD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 3rd, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 4th, 1871</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>29</b>	IF UNDER 24 Hrs. Hours _____ Mts. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Matthew Betz</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Steidman</b>	14. NAME OF HUSBAND OR WIFE <b>David J. Wood</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>490-12-8859D</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marjorie Haun</b>	ADDRESS <b>5649 Cates Avenue</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Dis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General Arteriosclerosis 20 yrs</b> DUE TO (c) <b>Senility</b>		
	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 <b>420.0</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Jan 53, 1953, to 3 Aug, 1956, that I last saw the deceased alive on 3 Aug, 1956, and that death occurred at 7:58 AM, from the causes and on the date stated above.

23a. SIGNATURE <b>R. W. Kelley MD.</b> (Degree or title)	23b. ADDRESS <b>5720 Washington</b>	23c. DATE SIGNED <b>8/5/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>8 / 6 / 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>AUG 3 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons</b>	ADDRESS <b>7233 Delmar Blv'd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3720 Washington Blvd.,  
Friday - 2 to 4 PM

**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 *Clarence H. Murray*

Licensed Embalmer No. *4911*

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