

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1957

26726

STATE FILE NUMBER 6848

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN XXXXXXXXXXXX O Fallon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Homer Phillips		d. STREET ADDRESS (If outside, give location) 30	
3. NAME OF DECEASED (Type or print) Harry E Wood		4. DATE OF DEATH 7/19/57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/28/1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 60
11. BIRTHPLACE (City and state or country) Bowling Green Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Wood		14. MOTHER'S MAIDEN NAME Elizabeth Orf	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW1		16. SOCIAL SECURITY NO. Unk	17. INFORMANT Irene Kothe Address O Fallon, Mo
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) falling somewhat upward of abdomen suffered when struck with gun in hands of one David Cassel during visit of case at 1929 North Wood, June 29, 1957.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) above, about 209 sq. in. July 1957.		20c. TIME OF INJURY Hour Month, Day, Year 229 7 1957
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 17	20f. CITY, TOWN, OR LOCATION St. Louis Mo.	20g. COUNTY E981X
21. I attended the deceased from 325 A to 325 A and last saw her alive on 7/22/57 Death occurred at 325 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In case of child) Patrick C. Taylor Carson		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 7.22.57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/23/57	23c. NAME OF CEMETERY OR CREMATORY National Cem.	23d. LOCATION (City, town, or county) (State) Jeff Bks, Mo
24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. JUL 22 57	26. REGISTRAR'S SIGNATURE Carl Smith Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Harvey Kahle*.....

Licensed Embalmer No. 459

P. O. Address *Floussa*.....

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.