

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

FILED NOV 4 1957

State File No. **38375**  
Registrar's No. **10101**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10101</b>		
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>MADISON</b>				
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>GRANITE CITY</b>		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 <b>40 Knopac Hospital</b>				STREET ADDRESS (If rural, give location) <b>32 22608 DELMAR</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) <b>Gillespie</b> c. (Last) <b>Wood</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 26 1957</b>					
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>AUG. 7, 1875</b>		
9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ILL. TERMINAL RR. GREEN CASTLE, INDIANA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>ARTHUR Wood</b>			13b. MOTHER'S MAIDEN NAME <b>KATHRYN GILLESPIE</b>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Eunice Neumeister</b> ADDRESS <b>730 S. Main Street, Mendota, Mo.</b>				
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>Peritonitis, Gastrointestinal hemorrhage</b> ANTECEDENT CAUSES <b>hemorrhage</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Peptic ulcer, ruptured</b>					INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic Heart Disease</b>		19a. DATE OF OPERATION					19b. MAJOR FINDINGS OF OPERATION <b>540.1</b>	
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.)		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?				
22. I hereby certify that I attended the deceased from <b>10/20/57</b> to <b>10/26/57</b> , that I last saw the deceased alive on <b>10/26/57</b> , 19 <b>57</b> , and that death occurred at <b>7:50 P.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Charles Kromer, M.D.</b>				23b. ADDRESS <b>175 S. S. Grand</b>		23c. DATE SIGNED <b>10/27/57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>10-26-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT HOPE</b>		24d. LOCATION (City, town, or county) (State) <b>CHAMPAIGNE, ILLINOIS</b>		
DATE REC'D BY LOCAL REG. <b>OCT 28 57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Mercer Granite City, Ill</b> ADDRESS				

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 *Charles E Mercer*

Licensed Embalmer No. *2988*

P. O. Address *Grande C*

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.