

Health,
& Welfare
Public
Service

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034856

STATE FILE NUMBER

8730

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

S. 300
1-57
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Manchester	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. Louis-Little Rock INSTITUTION Hosp, Incc		d. STREET ADDRESS Rt #2 Box 339	
3. NAME OF DECEASED (Type or print) First Middle Last John Edgar Wood		4. DATE OF DEATH Month Day Year Sept. 7 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 17, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Clerk		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Indianapolis Ind.
13a. FATHER'S NAME John M. Wood		13b. MOTHER'S MAIDEN NAME Clara Gigas	14. NAME OF HUSBAND OR WIFE Carolyn L. Wood
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If No, give war or dates of service) No None		16. SOCIAL SECURITY NO. 702-12-5137	17. INFORMANT Carolyn L. Wood, Above
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 days years Several "
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sept 6, 1958 - 9:11 AM to Sept 7, 1958 and last saw him alive on Sept 7, 58 Death occurred at 9:20P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Benjamin H. Chubb, M.D.		22b. ADDRESS 1755 S. Grand A ve.	22c. DATE SIGNED 9, 8, 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 9-10-58	23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Jay B. Smith		ADDRESS Maplewood, Missouri	25. DATE RECD. BY LOCAL REG. SEP 9 58
			26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. mjs

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *J. Allen Davis for*

Licensed Embalmer No. *4053*

P. O. Address *L. L.*

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.