RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

LED VS NOV 2 1960

DED

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 2942 -60-040523 STATE FILE NUMBER

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY St. Louis<br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson — Length of stay in 1b<br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1012 Highmont Dr. — Inside Limits Yes ☒ No ☐ | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY<br>c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐<br>d. STREET ADDRESS (If outside, give location) 2720a No. Grand Ave. — Reside on Farm Yes ☐ No ☒ |

3. NAME OF DECEASED (Type or print): First Mary — Middle Maud — Last Wood

4. DATE OF DEATH: Month October — Day 7 — Year 1960

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 6-25-78

9. AGE (last birthday): 82

IF UNDER 1 YEAR: Months — Days

IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At. Home

11. BIRTHPLACE (City and state or country): East St. Louis, Ill

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Edward Henebery

13b. MOTHER'S MAIDEN NAME: Johanna Shanghnasey

14. NAME OF HUSBAND OR WIFE: Charles P. Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 498-07-9286 D

17. INFORMANT: Geoge E. Wood — Address: 1012 Highmont Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Unknown Natural Cause — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 _____, to _____ and last saw her/him alive on _____

Death occurred at 7:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John C. Murphy M.D. John C. Murphy M.D. Asst. Health Commissioner

22b. ADDRESS: 801 S. Brentwood Clayton, Mo.

22c. DATE SIGNED: 10-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Oct 10 1960

23c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel

23d. LOCATION (City, town, or county) (State): Bellville Illionis

24. FUNERAL DIRECTOR: White-Mullen Mort. — ADDRESS: Ferguson Mo.

25. DATE RECD. BY LOCAL REG.: 10-7-60

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Reinhold K. Lohrma

Signature of Student Embalmer

Licensed Embalmer No. 3395

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.