SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-023358
STATE FILE NUMBER

AMENDED

Registration District No. XC-2578 039 Primary Registration District No. SL 25457 1003 Registrar's No. 6236

FILED JUL 13 1961 318

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.Grand,St.Louis,Mo. — Length of stay in 1b: 73 days

c. CITY OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5250 Delmar Blvd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ALFRED (Alford) L. Middle: Last: WOOD

4. DATE OF DEATH Month: JULY Day: 4 Year: 1961

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/14/95

9. AGE (last birthday): 66

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): Accountant - Ret.

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (City and state or country): Mt. Vernon, Ill.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Alfred I. Wood

13b. MOTHER'S MAIDEN NAME: Jessie Bills

14. NAME OF HUSBAND OR WIFE: Agnes Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-1

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Agnes Wood (Wife), Same add. 2d

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) RESPIRATORY FAILURE

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

DUE TO (b) CARCINOMA OF THE LUNG WITH PLEURAL EFFUSION AND ATELECTASIS RIGHT LUNG

DUE TO (c) 163 X

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)

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. VA attended the deceased from 4/22/61, to 7/4/61 and last saw him alive on 7/4/61

Death occurred at 5:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) ROBERT B. VAN CLEVE M.D.

22b. ADDRESS VAH, ST. LOUIS, MO.

22c. DATE SIGNED 7/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 7/6/61

23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery

23d. LOCATION (City, town, or county) St. Louis County (State) Mo.

24. FUNERAL DIRECTOR Drehmann-Harral ADDRESS 1905 Union

25. DATE RECD. BY LOCAL REG. JUL 5 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED 2 INSTEAD OF DOCUMENT ITEM NO. SHOULD READ BY AFFIDAVIT OF

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address_____

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.