

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035144

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8585

FILED SEP 21 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Length of stay in lb <u>2 DAYS</u>	c. CITY OR TOWN <u>SUNSET HILLS</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEVISH HOSPITAL</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>12415 ROBYN RD</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>F.</u> Last <u>WOOD-SMITH</u>			4. DATE OF DEATH Month <u>SEPT</u> - Day <u>13</u> - Year <u>1961</u>			
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-9-1880</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>4</u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SCHOOL TEACHER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u>	11. BIRTHPLACE (City and state or country) <u>GLASGOW, SCOTLAND</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>ALGERNON WOOD-SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>MARY BAIRD</u>	14. NAME OF HUSBAND OR WIFE (DECEASED) <u>JOSEPHINE WOOD-SMITH</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	17. INFORMANT <u>GEORGIA HARRIS</u> Address <u>12415 ROBYN RD SUNSET HILLS MO 63128</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>years</u> <u>years</u>
IMMEDIATE CAUSE (a) <u>myocardial infarction</u>		
DUPLICATE CAUSE (b) <u>arteriosclerosis, general</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUPLICATE CAUSE (c) <u>Diabetes Mellitus</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>260x</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m.	Month, Day, Year
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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.)	20f. CITY, TOWN, OR LOCATION <u> </u>	COUNTY <u> </u>	STATE <u> </u>
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21. I attended the deceased from 1958 to 1961 and last saw her/him alive on Sept 13, 1961
Death occurred at 11 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Burton Shotz</u> (Degree or title) <u>Burton Shotz, M.D.</u>	22b. ADDRESS <u>1652 Maryland</u> <u>4652 Maryland</u>	22c. DATE SIGNED <u>9/15/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>SEPT-16-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT OLIVE Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Lemay, Mo</u>
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24. FUNERAL DIRECTOR <u>FEY FUNERAL HOME</u>	ADDRESS <u>MEHLVILLE MO</u>	25. DATE RECD. BY LOCAL REG. <u>SEP 15 1961</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>
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AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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

Gustav W. Pinter

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

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.