

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009489

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 608

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

14007  
24007

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Webster Groves</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> c. CITY OR TOWN <b>Webster Groves</b> d. STREET ADDRESS (If outside, give location) <b>321 East Swon</b>	
3. NAME OF DECEASED (Type or print) First <b>LYMAN</b> Middle <b>J.</b> Last <b>WOOD</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>18,</b> Year <b>1962</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-17-98</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>College Professor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Univ.</b>	11. BIRTHPLACE (City and state or country) <b>Wayne City, Ill.</b>
13a. FATHER'S NAME <b>Lyman S. Wood</b>		13b. MOTHER'S MAIDEN NAME <b>Bessie Olive Branson</b>	14. NAME OF HUSBAND OR WIFE <b>Ella Wood</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I.</b>		16. SOCIAL SECURITY NO. <b>[Blank]</b>	17. INFORMANT <b>L. Ralph Wood, Omaha, Nebr.</b>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Myocardial Infarction</b> DUE TO (c) <b>[Blank]</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour <b>[Blank]</b> Month, Day, Year <b>[Blank]</b>		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	COUNTY STATE
21. I attended the deceased from <b>1953</b> to <b>2/19/62</b> and last saw her/him alive on <b>2/18/62</b> Death occurred at <b>12:05 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>3915 Watson Rd.</b>	22c. DATE SIGNED <b>2/19/62</b>
23b. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	23d. LOCATION (City, town, or county) <b>Kirkwood, Mo.</b> (State)	
24. FUNERAL DIRECTOR <b>Parker-Aldrich, Webster Groves</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>2-20-62</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Leslie Welch

Licensed Embalmer No. 4395  
P. O. Address Webster Groves 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.