

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013734

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 1107

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14009
24009

3
4 1
5 2
6
7 1
8 2
9 422.1
10
11
12 86.0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. **FILED** APR 16 1962
a. COUNTY St. Louis

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 Ferguson Length of stay in lb 9 years

c. CITY OR TOWN Ferguson Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oak Knoll Nursing Home Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 37 North Clark Ave Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Ethel B. Wood 4. DATE OF DEATH Month Day Year April 6, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4/4/78 9. AGE (last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Centralia Illinois 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Frederick B. Anson 13b. MOTHER'S MAIDEN NAME Elizabeth Scott 14. NAME OF HUSBAND OR WIFE Harry F. Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Address Norman W. Wood, 6833 Kingsbury Blvd

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pyelonephritis
DUE TO (b) Arteriosclerotic Cardiovascular Disease
DUE TO (c) unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ch. Rheumatoid arthritis 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 Month, Day, Year
a.m. p.m.

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 Feb 14, 1952 to April 6, 1962 and last saw her live on 4-4-62 Death occurred at 4:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lewis Littmann MD 22b. ADDRESS 8231 Clayton Rd 22c. DATE SIGNED 4/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 9, 1962 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 23d. LOCATION (City, town, or county) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Home, 1167 Hamilton Ave 25. DATE RECD. BY LOCAL REG. 4-7-62 26. REGISTRAR'S SIGNATURE John C. Mumfry MD

USE BLACK INK OR TYPEWRITER RIBBON

Dr. C. L. Latham
56 Chestnutwood

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,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Lawrence O. Berling

Licensed Embalmer No. 4779

P. O. Address Berkeley, 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.