N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2610

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1000~~

Township ..... Primary Registration District No. .....

City St. Louis, Mo. (No. 1 Route City Hospital #1. St. ..... Ward)

File No. 303

Registered No. .....

2. FULL NAME Starless Charles Wood

(a) Residence, No. 2907 Cass Ave St., 251 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Late Mary wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: About 52 years

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri. 1

FATHER

13. NAME: Alfred Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 8

MOTHER

15. MAIDEN NAME: Julia Brow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada 5

17. INFORMANT (ADDRESS): John Wood 2907 Cass av

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 1/11 31

19. UNDERTAKER (ADDRESS): Southern 6320 S Grand Blvd

20. FILED JAN 10 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 00 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 93C

Date of onset

Other contributory causes of importance: 93C

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No Injury

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Hurley, ~~M. D.~~

(Address) Deputy Coroner 1/10/32