

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.

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36740
 Registrar's No. 88

Registration District No. 784 Primary Registration District No. 101

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
 (c) Name of hospital or institution St. Louis County Hospital
 (d) Length of stay: In hospital or institution 1 mo. 26 days
 In this community life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Lemay
 (d) Street No. 737 Erskine, Lemay
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Wilbur Wood
3. (b) If veteran, name war ? **3. (c) Social Security** No. ?

4. Sex male **5. Color or race** white **6. (a) Single, widowed, married, divorced** married
6. (b) Name of husband or wife Elizabeth Wood **6. (c) Age of husband or wife if alive** ? years
7. Birth date of deceased May 23 1896

8. AGE:	Years	Months	Days	If less than one day
	43	7	20	hr. _____ min.

9. Birthplace St. Louis Mo.

10. Usual occupation nil.

11. Industry or business _____

MOTHER FATHER
12. Name Galiton Wood
13. Birthplace St. Louis Mo.
14. Maiden name Eldora Lear
15. Birthplace St. Louis Mo.

16. (a) Informant's own signature E. Elizabeth Wood
(b) Address 737 Erskine

17. (a) Burial **(b) Date thereof** 1/15/40

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Funeral Home Co
(b) Address 7426 Michigan

19. (a) JAN 13 1940 **(b) Registrar's signature** [Signature]

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 12 year 1940 hour 4 minute 13 A. M.
21. I hereby certify that I attended the deceased from 11-17-39 to 1-12-40 that I last saw him alive on 1-12-40 and that death occurred on the date and hour stated above.

Immediate cause of death
Tuberculosis

Due to 23

Other conditions _____

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Courtesy E. Bauer (M. D. or other) _____
Address Law Co. Hosp. Date signed _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.