DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37518

Registration District No. 791 1 — Primary Registration District No. 1003 — Registrar's No. 9791

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: En Route to City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

(c) City or town: St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1413 S. 8th St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Luke Wood

3. (b) If veteran, name war: None

3. (c) Social Security No. 489-10-1633

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Dora Wood

6. (c) Age of husband or wife if alive: 46 years

7. Birth date of deceased: November 15 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	11	7	hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Machinist

11. Industry or business: Unemployed

FATHER
12. Name: Jerry Wood
13. Birthplace: Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Baumgartner
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: S. L. Hendrix
(b) Address: Poplar Bluff Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 27 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Poplar Bluff Mo

18. (a) Signature of funeral director: Peetz Brothers
(b) Address: 3029 Lafayette Ave

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day October year 1940 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: In the Mississippi River atbthe foot of Nagel Ave., from: Suffocation due to drowning, when deceased was found floating in the Mississippi River at the foot of Nagel Ave October 22 1940 about 6 A.M.

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death): Cause and manner of same could not be ascertained

Major findings: Of operations: Open Verdict

Of autopsy:

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

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature: James J. Fitzgerald Coroner (M.D. or other)

Address: Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 — 1 X19311

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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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Dry Floater 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.