

No. 2
1-4-41
-17-39
X26390

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6953

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL" 192
4-2-6-5 Washington
(If rural, give location)
(d) Street No. _____
(e) Citizen of foreign country? _____
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Wood

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, 3 Divorced

6. (b) Name of husband or wife William Wood 6. (c) Age of husband or wife if alive unk years 16 - 1858

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: 83 Years 5 Months 25 Days If less than one day _____ hr. _____ min.

9. Birthplace Warrenton (City, town, or county) No. (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Jackman

13. Birthplace Ky. (City, town, or county) (State or foreign country)

14. Maiden name Francis Chapel

15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Lucian Derr

(b) Address 4265 Washington, St. Louis,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-41 (Month) (Day) (Year)

(c) Place: burial or cremation ST. Matthews Cemetery

18. (a) Signature of funeral director Edith E. ...

(b) Address 4234 ...

19. (a) AUG 27 1941 (Date received local registrar) (b) J. H. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26th year 1941 hour 9:05 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 Fracture Right Femur; Cardiac Hypertrophy; Cardiac infarct; when she fell in her home, in December 1940, exact date and hour unknown.

Due to ACCIDENT.

Due to _____

Other conditions (include pregnancy within 1 month of death) _____

Major findings: Of operations _____

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) Accident

(b) Date of occurrence Date unknown (Dec. 1940)

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

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

(Specify type of place) _____ (e) Means of injury _____

23. Signature Thomas J. ... (M. D. or other) _____

Address Deputy ... Date signed 8/27/41

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

MOTHER FATHER

30
17
9

8/27/41

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.....

J. Allen Davis Jr.

Licensed Embalmer No. *7053*

P. O. Address *St. James*

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, fact should be so stated above.