S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39512

FILED DEC 21 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10474

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years, 5 mos. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County St. Louis 17

(c) City or town St. Louis, 91 2
(If outside city or town limits, write "RURAL")

(d) Street No. 5351 Delmar
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Richard Wood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April 5, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	8	10	hr. min.

9. Birthplace Spencer County, Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Paper hanger & Painter

11. Industry or business

FATHER
12. Name Richard E. Wood
13. Birthplace Spencer Co. Ind. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie Randolph
15. Birthplace Spencer Co. Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch
(b) Address 5351 Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd

19. (a) Date received by local registrar DEC 15 1942 (b) [illegible] (Registrar's signature)

1942 844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15. year 1942 hour 1. 15 minute A. M.

21. I hereby certify that I attended the deceased from July 7. 1936 to Dec. 15, 1942. 19 ; that I last saw him alive on Dec. 14, 1942. 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	18 Mths.
Due to Chr. Interstitial Nephritis	1 Yr.
Due to	
Other conditions (Include pregnancy within 3 months 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)

(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 [illegible] (M.D. or other)

Address 508 N. Grand Blvd. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G. Burnley

Licensed Embalmer No. 4212

P. O. Address St. Louis 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 this body is not embalmed, fact should be so stated above.