. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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. 36569

FILED DEC 5 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9961

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 6 Days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

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

(c) City or town Webster Groves (19)
(If outside city or town limits, write "RURAL")

(d) Street No. 720 Summit Ave NR
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marguerite Bertha Wood

3. (b) If veteran, name war none

3. (c) Social Security No. 489-20-9640

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Edgar Wood

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March (Month) 10 (Day) 1897 (Year)

8. AGE: Years 47 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Adan Wolff
13. Birthplace ? (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Catherine Ernst
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant J Edgar Wood
(b) Address 720 Summit Ave Webster Groves

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/24/44 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Mittelberg Fun. Home
(b) Address Webster Groves (19) Mo

19. (a) NOV 24 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 20 year 1944 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan 10, 1944, to Nov 20, 1944 that I last saw her alive on Nov 20, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Carcinoma of rectum | 2 yr |
| Due to Cause unknown | |
| Due to | |
| Other conditions Metastases to lim (Include pregnancy within 3 months of death) + intestine | |
| Major findings: Of operations Carcinoma of rectum | |
| 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 R Emmet Kane (M. D. or other)
Address 1117 N Grand Date signed 11/24/44

(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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood 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.**