

FILED JAN 31 1945 318

State File No.

100

Registrar's No.

742

Registration District No.

Primary Registration District No.

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:
3016 Fern Ave.
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3016 Fern Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT Mary E. Wood
FULL NAME

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 6th 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Nashville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Robert Garrick
13. Birthplace Nashville Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Jane Smith
15. Birthplace Nashville Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alberta Holtz
(b) Address 3016 Fern Ave.

17. (a) Burial (b) Date thereof 1-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director, C. R. Lupton & Sons
(b) Address 7233 Delmar, University City

19. (a) JAN 24 1945 (b) J. T. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22nd
year 1945 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from the year 1945 to Jan 22 1945
that I last saw him alive on Jan 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic heart disease Myocarditis Duration 10 yrs

Due to _____
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?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature John L. Murphy (M. D. or other) _____
Address 940 Missouri Blvd St. Louis Date signed 1-23-45

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

MOTHER, FATHER

John C. Morfit
Mo. Theatre Bldg.

JE-0021

11 to 1

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.