

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15347

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **3522**

1. PLACE OF DEATH: **318**

(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: **St. John's 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 **Illinois** (b) County **Perry**

(c) City or town **Pinckneyville**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME **Thomas L. Wood**

3. (b) If veteran, name war **Nil**

3. (c) Social Security No. **Unknown**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Mary Wood**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **February 1 1881**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15** year **1946** hour **9** minute **15**

21. I hereby certify that I attended the deceased from **Feb. 19th** 19**46** to **Apr. 15th** 19**46** that I last saw him alive on **Apr. 15** and that death occurred on the date and hour stated above.

Immediate cause of death **leukemia**

Due to _____

Due to _____

Other conditions **130**
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
65	2	14	hr. _____ min. _____

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

10. Usual occupation **Restaurant Owner**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ben Wood**

{ 13. Birthplace **Unknown England**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Unknown Hamnock**

{ 15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Richard Vandeventer**

(b) Address **7530 Thelma Ave.**

17. (a) **Removal** (b) Date thereof **4-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pinckneyville, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **Apr 16 1946** (b) **J. J. Bredbeck**
(Date received local registrar) (Registrar's signature)

Major findings: **no**

Of operations _____

Of autopsy **acute nephritis - dilation of left kidney**

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)

Means of injury _____

Signature **Raymond C. Gussell** (M. D. or other)

Address **609 Humboldt Bldg.** Date signed **4-15-46**

(Licensed Embalmer's Statement on Reverse Side) **Grayson Carroll**

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

0
7
9

999
NR 11
0
2

MOTHER FATHER

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

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..... *G. W. Wilkinson*

Licensed Embalmer No..... *3575*

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, fact should be so stated above.