

7. S. No. 2  
DOM-5-43  
ev. 5-17-39  
I X36671

21478

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. ~~1320~~ 1320

**FILED** JUN 24 1946  
Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. Louis 8149 Gravois  
(b) City or town St. Louis rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Miller Nurseing Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 8 days (Specify whether  
In this community 3 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 9/6  
(c) City or town St. Louis rural  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 6801 Robin  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME HERMAN Wood  
3. (b) If veteran, name war no 3. (c) Social Security No. no  
4. Sex male 0 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 May 21 1864  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 17th,  
year 1946 hour 10 minute 15 P. M.  
21. I hereby certify that I attended the deceased from June 9th,  
1946, to June 17th, 1946  
that I last saw him alive on June 15th, 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Hemophlegia Duration

8. AGE: Years Months Days If less than one day  
82 0 26 hr. m/n.

Due to arteriosclerosis  
97  
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.

9. Birthplace Indiana (City, town, or county) (State or foreign country)  
10. Usual occupation Farming

MOTHER FATHER  
11. Industry or business  
12. Name George Wood  
13. Birthplace Texas (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Castero  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Herman Wood  
(b) Address 6801 Robin, St. Louis 14, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, 1946  
(Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No accident  
(b) Date of occurrence June 17  
(c) Where did injury occur? No injury (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) (e) Means of injury

(c) Place: burial or cremation O'Fallon, Mo.  
18. (a) Signature of funeral director: Geo. Stielwater  
(b) Address St. Peters, Mo.  
19. (a) 6-20-46 (Date received local registrar) (b) E. J. McHarran (Registrar's signature)

23. Signature 99 Meredith (M. D. or other) M.D.  
Address 1254 E. Kings Highway Date signed 6-15-46

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

20347

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**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.....

*E. Keithly*

Licensed Embalmer No..... *872*

P. O. Address..... *Fallon 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.**