

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 22355
4917
Registrar's No.

FILED JUN 20 1946

Registration District No. 318

Primary Registration District No. 1003

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 15 yrs. 9 Mos.
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bt. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar, St. Louis
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude Wood
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Jos. E. Wood 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 17, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 15 hr. 0 min.

9. Birthplace Sturgeon, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name James Hawkins
13. Birthplace Quincy, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Graham
15. Birthplace Calloway Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch
(b) Address 5351 Delmar Blvd. St. Louis
17. (a) burial (b) Date thereof 6-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla cem.

18. (a) Signature of funeral director Walter Anderson
(b) Address 6175 Delmar
19. (a) J. F. Bredeck (b) _____
(Signature) (Registrar's signature)

JUN 2 1946
(Date received at local health office)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st,
year 1946 hour 6:20 minute _____ P. M.
21. I hereby certify that I attended the deceased from May 6th,
19 46 to June 1st, 19 46
that I last saw her alive on June 1st, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Carcinoma of the bladder 3mo.
Due to Senility lyr.
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) (e) Means of injury _____
23. Signature Dobry (M. D. or other) _____
Address 508 20 Grand Blvd Date signed _____

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

800
127
9
10

MOTHER FATHER

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 *Jos. E. McCullough*
Licensed Embalmer No. *2460*
P. O. Address *6175 Pilmar*

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.