

No. 2
-5-43
-17-39
X38671

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis Mo

(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: Barnes Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4238 Blair Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Martha Jane Wood

3. (b) If veteran, name war None

3. (c) Social Security No. 490-12-7338

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Walter Wood

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

7. Birth date of deceased Oct. 12, 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1946 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from
December 4, 1946 to December 22, 1946
that I last saw her alive on December 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive failure, pericarditis

Due to Streptococcal Septicemia

Due to Diabetes

Other conditions 61
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Same as above

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

8. AGE: Years Months Days If less than one day
70 2 10 hr. _____ min.

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

10. Usual occupation Seamstress

11. Industry or business Barnes Hospital

12. Name James Dobbin

13. Birthplace Unk. Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace " " Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Watson

(b) Address 4942 Rosalie

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 12/26/46
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cem.

18. (a) Signature of funeral director Suedmeyer & Son's

(b) Address 3934 N. 20 Street

19. (a) DEC 23 1946 (Date of local burial)
J. F. Brudeck (Registrar's signature)

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 F. R. Bradley (M. D. or other)
Address Barnes Hospital Date signed 12-23-46

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

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. G. Smithers*.....

Licensed Embalmer No..... *3916*.....

P. O. Address..... *3934 N. 20 St*.....

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.