No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36498

State File No. 0

FILED NOV 14 1947

Registration District No. 77

Primary Registration District No. 3063

Registrar's No. 2285

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis County
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6801 Robbins
(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
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 8 (Day) 1942 (Year)

8. AGE:	Years	Months	Days	If less than one day
	5	3	27	hr. min.

9. Birthplace St. Louis County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation School
11. Industry or business

FATHER
12. Name Herman Wood
13. Birthplace St. L (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Helen Babcock
15. Birthplace (City, town, or county) Texas (State or foreign country)

16. (a) Informant Helen Woods
(b) Address 6801 Robbins, Wellston
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill
18. (a) Signature of funeral director [signature]
(b) Address 1384 [illegible]
19. (a) 11-8-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 1947 hour 1 minute 53 P. M.
21. I hereby certify that I attended the deceased from November 4 1947 to November 5 1947
that I last saw him alive on November 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral concussion & diffuse lacerations & contusions

Due to Accident

Due to

Other conditions Simple Fracture Rt. femur
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Head only — as above

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence November 4, 1947
(c) Where did injury occur? St. Louis Co. (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street (Specify type of place)
While at work? No (e) Means of injury Struck by Automobile
23. Signature R L Herdener (M. D. or other)
Address 601 Brentwood Blvd Date signed 11/6/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 15 1947

NOV 21 1947

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 Rex Campbell

Licensed Embalmer No. 3851

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.