No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6270

FILED JAN 22 1948 318
Registration District No.

1003
Primary Registration District No.

Registrar's No. 281

1. PLACE OF DEATH:
(a) County
(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. Luke's Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood . 4
(If outside city or town limits, write "RURAL") 3
(d) Street No. 119 E. Bodley Ave., (If rural, give location) 1
R.R.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lora A. Wood
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Benjiman A
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 12 1874 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	0	26	hr. min.

9. Birthplace Kirkwood (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Augustas F. Harvey
13. Birthplace New York (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Julia Studley
15. Birthplace Warren Rhode Island (City, town, or county) (State or foreign country)
16. (a) Informant Miss A. G. Harvey
(b) Address 119 E. Bodley Ave., Kirkwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood
19. (a) JAN 10 1948 (Date received local registrar) (b) J. F. Brecht (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8 year 1948 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from March 10, 45, 19..., to January 8, 48, 19...; that I last saw her alive on January 8, 1948, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 week
Due to Hypertension	
Due to Arteriosclerosis	
Healed myocardial infarct	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Confirmed above

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)
(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? O
While at work? (Specify type of place) (Specify means of injury)

23. Signature David M. Shilling Jr. (M.D. or other) M.D.
Address 4500 Olive Street Date signed 1-9-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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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 Peter B. Dubroulet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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.