

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

3. (a) PRINT FULL NAME: EDWARD WOOD Sr.
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Deceased
 6. (c) Age of husband or wife if alive 14 years
 7. Birth date of deceased November 14, 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 14
 If less than one day hr. min.

9. Birthplace Fulton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER
 12. Name John Wood
 13. Birthplace England
(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 Edward Wood Jr.
 (b) Address 2054 De Sota Ave

17. (a) Burial (b) Date thereof 6-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.
 (b) Address 2161 E. Fair Ave.
AUG 28 1948

19. (a) J. F. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County MO
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2054 De Sota Ave
Memorial 9 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th
 year 1948 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from 6/25/48
 _____, 19____, to June 25th, 1948
 that I last saw him alive on June 25th, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arterio sclerosis
Congestive Heart Failure
 Duration 2 mo
 Due to Coronary Arterio sclerosis years

Due to _____
 Other conditions 12/4
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy Cardiomegaly
Laennec's Cirrhosis

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?

While at work? _____
(Specify type of place) (e) Means of injury
 Signature John W. Murphy (M. D. or other)
1515 Lafayette 6/26/48
Address Date signed

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 William G. Buchha

Licensed Embalmer No. 2110

P. O. Address St. Louis, 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.