

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jeff. Brks.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hosp.
(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 25 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Granite City
(If outside city or town limits, write "RURAL")
(d) Street No. 2614 Denver St.
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME WOOD, Loyd E.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married/divorced Married
6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased April 11, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 6 16 hr. min.

9. Birthplace Pomona, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name David Wood

13. Birthplace Pomona, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Maude (Maiden name unknown)

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

16. (a) Informant Registrar, Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri

17. (a) Buried (b) Date thereof 10-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Episcopal Church

18. (a) Signature of funeral director Mercer Mortuary
(b) Address Granite City, Illinois

19. (a) 10-28-48 (b) Beerley Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. 27 day
year 1948 hour 10: minute P. M.
21. I hereby certify that I attended the deceased from 10/26/48 to 10/27/48
that I last saw him in alive on 10/27/48
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL THROMBOSIS, LEFT MIDDLE CEREBRAL ARTERY
Duration Unk.

Due to 832
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy Autopsy performed (See cause of Death)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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?

White at work? (Specify type of place) Means of injury 0

23. Signature E. E. Stillwell Chief of Professional Staff
Address VAH, Jeff. Brks., Mo. Date signed 10/28/48

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

NOV 23 1949

APR 28 1949

JUN 5 1956

NOV 9 1949

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

[Handwritten Signature]

Licensed Embalmer No. _____

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.