

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35249

FILED OCT 23 1948

Registration District No. 2281

Primary Registration District No. 6076

Registrar's No. 2281

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3: (a) PRINT FULL NAME Sarah Margaret 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 Widowed

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased WyNovember 27 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 10 2 hr. _____ min. 0

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name John D. Smulling

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

14. Maiden name Manaley Hume

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

16. (a) Informant Harry Wood

(b) Address Lemay, Mo.

17. (a) Burial (b) Date thereof Oct. 2, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) 10-2-48 (b) Carl J. Shapko
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. Lemay Ferry Road
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1948 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from April 1
1947 to Sept 29, 1948;
that I last saw her alive on Sept 27, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration _____
Senility

Due to generalized arteriosclerosis

Due to 93d

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

Major findings:
Of operations _____

Of autopsy _____

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)
(c) Means of injury _____

23. Signature A. T. Marklin (M. D. or other) _____

Address 3507 Potosi Date signed 9-30-48

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

V. E. Morris

Licensed Embalmer No.

3360

P. O. Address

P. m. m.

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.