DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 18 1949

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42724

Registrar's No. 11390

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 67 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4256 Washington Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louis R. 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 February (Month) 19 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	10	9	hr. min.

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

10. Usual occupation Retired Lawyer

11. Industry or business

FATHER
12. Name William L. Wood
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Laura Smith
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Jas. G. Blaine
(b) Address Railway Exchange Bldg. St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/48 (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) DEC 31 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th.
year 1948 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from Oct. 1948, 19, to Dec. 28, 1948
that I last saw him alive on Dec. 27th, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	24 hrs
Due to: myocarditis	7 yrs
Due to: arteriosclerosis	
Other conditions: Chronic empyema Rt (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy yes

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. J. Verda (M. D. or other)
Address Lister Bldg Date signed 12-28-48

(Licensed Embalmer's Statement on Reverse Side)

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

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. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

11391

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.