

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25429
State File No. 6714

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Christian Hospital</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Washington</i> b. COUNTY <i>St Louis</i>	
b. CITY OR TOWN <i>St Louis mo</i>		c. CITY OR TOWN <i>St Louis Co. mo</i>	
c. LENGTH OF STAY (in this place) <i>7 days</i>		d. STREET ADDRESS (If rural, give location) <i>6816 Washington</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Christian Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Harry</i> b. (Middle) <i>Forrest</i> c. (Last) <i>Wood</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug. 1-1949</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>July 16 1873</i>	9. AGE (In years last birthday) <i>76</i>	UNDER 1 YEAR Months	1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Real Estate</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Salesman</i>		11. BIRTHPLACE (State or foreign country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>1</i>	
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13a. FATHER'S NAME <i>George Wood</i>		13b. MOTHER'S MAIDEN NAME <i>Emily L. Fenton</i>		14. NAME OF HUSBAND OR WIFE <i>Ethel Blanche Wood</i>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>541-03-2063</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Norman W Wood 6816 Washington</i>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary embolism</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 mos</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Phlebotrombosis, left femoral vein</i>				<i>1 week.</i>	
		DUE TO (c) <i>Hypertension + coronary arteriosclerotic heart disease</i>				<i>years.</i>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>102.</i>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>CHHX</i>	
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22. I hereby certify that I attended the deceased from *July 10, 1949*, to *July 31, 1949*, that I last saw the deceased alive on *July 31, 1949*, and that death occurred at *8:00 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <i>Boyle Ck. (M.D.)</i>		23b. ADDRESS <i>4701 St. Louis Ave</i>		23c. DATE SIGNED <i>Aug 2 '49</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug 3-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis Co Mo</i>	
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DATE REC'D BY LOCAL REG. <i>AUG 2 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Laster</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Shepard Funeral Home 1167 Hamilton</i>			
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

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.