U.S. No. 300
REV. 10.48

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

FILED JAN 10 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

43451

State File No. 11015 11015
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

**1. PLACE OF DEATH**
a. COUNTY St. Louis
b. CITY OR TOWN Maplewood St. Louis
c. LENGTH OF STAY (in this place) 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7150 Tremont

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 7150 Tremont

**3. NAME OF DECEASED** (Type or Print)
a. (First) Elvira
b. (Middle) A
c. (Last) Wood

**4. DATE OF DEATH** (Month) I2 (Day) II (Year) 5I

**5. SEX** Female
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed
**8. DATE OF BIRTH** Nov. 28 I864
**9. AGE** (In years last birthday) 87 — If under 1 year: Months I, Days I3 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housewife
**10b. KIND OF BUSINESS OR INDUSTRY** none
**11. BIRTHPLACE** (State or foreign country) Illinios
**12. CITIZEN OF WHAT COUNTRY?** U.S.A

**13a. FATHER'S NAME** ------ McFarland
**13b. MOTHER'S MAIDEN NAME** Unknown
**14. NAME OF HUSBAND OR WIFE** Thomas F Wood

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) NO (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** Edwin Wood 7146 Tremont — ADDRESS

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Urinary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteria Sclerosis Generalized — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION** None
**19b. MAJOR FINDINGS OF OPERATION** None
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) No
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

4201

22. *I hereby certify that I attended the deceased from* Aug, 19 46 *to* Dec 11, 19 51 *that I last saw the deceased alive on* Dec 14, 19 51, *and that death occurred at* 5:30 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE** John C. Krisco (Degree or title) Md
**23b. ADDRESS** 2648 Oakview Ter
**23c. DATE SIGNED** 12/11/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** I2 I3 5I
**24c. NAME OF CEMETERY OR CREMATORY** Oak Hill Cemetery
**24d. LOCATION** (City, town, or county) St. Louis County (State) MO.

DATE REC'D BY LOCAL REG. DEC 13 1951
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** Jay, B. Smith — ADDRESS 7456 Manchester ave Maplewood Missouri

(Licensed Embalmer's Statement on Reverse Side)

## 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 H. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.