

STANDARD CERTIFICATE OF DEATH

State File No. **30204**
8083
Registrar's No.

FILED SEP 8 - 1952

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2129	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 4 1/2 months		d. STREET ADDRESS (If rural, give location) 12 245 Union Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 245 Union Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) HALLEY c. (Last) WOOD.		4. DATE OF DEATH (Month) (Day) (Year) AUG. 25, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 27, 1907
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	11. BIRTHPLACE (City and State or Foreign Country) Fairbanks, Alaska
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME unk Halley.		13b. MOTHER'S MAIDEN NAME unk	
14. NAME OF HUSBAND OR WIFE John S. Wood.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME John S. Wood.		ADDRESS St. Louis, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		b. (b)		c. (c)	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO		DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		about 8:43 am Aug 25 1952		while suffering a temporary	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION mental derangement		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE OR OTHER (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 25 52 8A m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E978X	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:58A m.**, from the causes and on the date stated above.

22a. SIGNATURE Catrick L. Grayson (Degree or title)		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 8-26-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-26-1952		24c. NAME OF CEMETERY OR CREMATORY Reno, Nevada	
24d. LOCATION (City, town, or county) (State) Reno, Nevada		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons		ADDRESS 7233 Delmar Blvd.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **J. Carl Smith** 10-1-52
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C.R. Lupton & Sons 7233 Delmar Blvd.**
(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 Melvin L. Kemper

Licensed Embalmer No. 4052

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.