

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

State File No. \_\_\_\_\_

**FILED FEB 11 1953**

**318**

**1003**

**1106**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>  c. LENGTH OF STAY (In this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  d. STREET ADDRESS (If rural, give location) <b>313 Russell</b> ADDRESS <b>23</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>PEARL IRVIN WOOD</b> a. (First) <b>PEARL</b> b. (Middle) <b>IRVIN</b> c. (Last) <b>WOOD</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>JANUARY 27, 1953</b>	
<b>5. SEX</b> Male <input checked="" type="checkbox"/>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> Married	<b>8. DATE OF BIRTH</b> Feb. 25, 1913
<b>9. AGE</b> (In years last birthday) <b>39</b>	# UNDER 1 YEAR <b>11</b>	# UNDER 1 YEAR <b>2</b>	# UNDER 1 MIN. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Beer Bottler</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Retired</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Ellsinore, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Irwin Wood</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Phoebe Crowley</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Nora Wood</b>			

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>Yes</b>	<b>16. SOCIAL SECURITY NO.</b> <b>World War II</b> <b>490 14 4837</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>ADDRESS</b> <b>Nora Wood, 313 Russell, St. Louis, Mo.</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Kolar pneumonia - all lobes</b>		
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension Cardiovascular disease Obstruction of the liver</b>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>490x</b>

**22. I hereby certify that I attended the deceased from 1-1-53, 19, to 1-27-53, 19, that I last saw the deceased alive on 1-27-53, 19, and that death occurred at 2:00P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>John H. Wallace M.D.</i>	<b>23b. ADDRESS</b> <b>1515 Lafayette Avenue</b>	<b>23c. DATE SIGNED</b> <b>1-27-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>Jan. 30, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Ellsinore, Missouri</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>JAN 30 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Carl Smith M.D.</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>ADDRESS</b> <b>McCaughlin Funeral Home, 2301 Lafayette</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

*James R. Chapman*  
Licensed Embalmer No. 4550  
P. O. Address St. Louis

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.