

STANDARD CERTIFICATE OF DEATH

BIRTH NO. 12577 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0886

I. PLACE OF DEATH a. COUNTY St. Louis 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE INDIANA b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDIANAPOLIS 8130

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens Hospital d. STREET ADDRESS (If rural, give location) 1927 W. BOSART

3. NAME OF DECEASED a. (First) RANDALL b. (Middle) GEORGE c. (Last) WOOD 4. DATE OF DEATH (Month) (Day) (Year) Jan 24 1953

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH 1-22-53 9. AGE (In years last birthday) 10. IF UNDER 1 YEAR Months 2 11. IF UNDER 1 YEAR Days 3 12. IF UNDER 1 YEAR Hours 3 13. IF UNDER 1 YEAR Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BABY 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MR. GEORGE M. WOOD 13b. MOTHER'S MAIDEN NAME ELLEN MARIE CROSS 14. NAME OF HUSBAND OR WIFE

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. 17. INFORMANT'S SIGNATURE OR NAME MR. McNAUL ADDRESS 500 So. Kingshighway

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperinsulinism ANTECEDENT CAUSES DUE TO (b) Hyperplasia of pancreas DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR 969k

22. I hereby certify that I attended the deceased from Jan 22, 1953, to Jan 24, 1953, that I last saw the deceased alive on 1-24-53, 1953, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald Greening M.D. 23b. ADDRESS 500 So. Kingshighway 23c. DATE SIGNED 1-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JAN. 27, 1953 24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM. 24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.

DATE REC'D BY LOCAL REG. JAN 26 1953 REGISTRAR'S SIGNATURE J. C. Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 9. H. Booklage 6536 Clayton Rd.

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. H. Bocklage*

Licensed Embalmer No. _____

P. O. Address _____

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

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