

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22277**

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1492**

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton | | c. CITY OR TOWN Maryland Heights | |
| c. LENGTH OF STAY (in this place) D.O.A. | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital | | | |
| e. STREET ADDRESS (If rural, give location) 125 Lansing Avenue | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Harold | b. (Middle) Leroy | c. (Last) Wood | 4. DATE OF DEATH (Month) (Day) (Year) June 18, 1956 |
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|--------------------|-------------------------------|---|---------------------------------------|--|---|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Mar. 31, 1910 | 9. AGE, (In years last birthday) 46 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ |
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| 10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) Truck Helper | 10b. KIND OF BUSINESS OR INDUSTRY Garbage Service | 11. BIRTHPLACE (City and State or Foreign Country) Louisville, Ky. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME John T. Wood | 13b. MOTHER'S MAIDEN NAME Mable Belle Wise | 14. NAME OF HUSBAND OR WIFE Mildred Rose Wood |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 492-05-8655 | 17. INFORMANT'S SIGNATURE OR NAME Mildred R. Wood | ADDRESS Maryland Heights, Mo |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congenitive heart failure | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial infarction DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) |
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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? |
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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 _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE Herbert R. Domke (Name or title) | 23b. ADDRESS 651 S. Brentwood Blvd. | 23c. DATE SIGNED 6-20-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-20-1956 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 24d. LOCATION (City, town, or county) (State) Pagedale, Mo. |
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| DATE REC'D BY LOCAL REG. 6-19-56 | REGISTRAR'S SIGNATURE Herbert R. Domke, M.D. | FEDERAL DIRECTOR'S SIGNATURE W. B. ... | ADDRESS 2504 Woodson Rd - Overland-14 - Mo. |
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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.....
Signature of Student Embalmer

Signed *David C. Gibson*
Licensed Embalmer No *3457*
P. O. Address *Oakland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.