

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

State File No. **39942**  
Registrar's No. **10191**

FILED NOV 28 1956

BIRTH NO. **83714-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY **Missouri**  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **1901-a Hebert St** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (In this place) **15 1/2 hrs.**  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Born at home, transferred to Bethesda General Hospital**  
e. STREET ADDRESS (If rural, give location) **267 1901-a Hebert Street**

3. NAME OF DECEASED  
a. (First) **Colleen** b. (Middle) **Marie** c. (Last) **Wood**  
4. DATE OF DEATH (Month) (Day) (Year) **October 20 1956**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **infant**  
8. DATE OF BIRTH **Oct. 19, 1956** 9. AGE (In years last birthday) Months **-** Days **-** If UNDER 1 YEAR: Hour **-** Min. **15** If UNDER 12 HRS. **30**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **newborn**  
10b. KIND OF BUSINESS OR INDUSTRY **-**  
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.**  
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Richard Francis Wood** 13b. MOTHER'S MAIDEN NAME **Marie Darling Nicard** 14. NAME OF HUSBAND OR WIFE **-**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **-**  
16. SOCIAL SECURITY NO. **-**  
17. INFORMANT'S SIGNATURE OR NAME **Richard Wood** ADDRESS **Richard Wood**

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) **Congenital abelectasis.**  
INTERVAL BETWEEN ONSET AND DEATH  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) **-**  
rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) **Too premature 27 weeks gestation**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **7625** 19b. MAJOR FINDINGS OF OPERATION **7625** 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) **SUICIDE** 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) **-** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct 19, 1956** to **Oct 20, 1956**, that I last saw the deceased alive on **Oct 19, 1956**, and that death occurred at **12:00 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Leroy E. Ellison M.D.** 23b. ADDRESS **3610 So. Broadway St. Louis Mo.** 23c. DATE SIGNED **Oct 20, 1956**

24a. BURYAL, CREMATION, REMOVAL (Specify) **-** 24b. DATE **11-30-56** 24c. NAME OF CEMETERY OR CREMATORY **Anatomical Board** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **NOV 8 1956** REGISTRAR'S SIGNATURE **Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Rowland-Aker Mortuary Service** ADDRESS **444 1/2 Manchester Ave. St. Louis 10, Mo.**

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.