FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44133
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11051

3

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes X No ☐	c. CITY OR TOWN St.Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) City Hospital — Length of stay in 1b D.O.A. 2	d. STREET ADDRESS (If outside, give location) 3915a N.21st.,Street — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Patrick	Middle: H.	Last: Wood	4. DATE OF DEATH Month Day Year: Nov.30,1956
5. SEX: M.	6. COLOR OR RACE: W.	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED X	8. DATE OF BIRTH: July 21,1927	9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months 4, Days 9 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dock Laborer-Krey Packing Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): St.Louis,Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Howard Wood		14. MOTHER'S MAIDEN NAME: Grace O'Leary		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World War # 2	16. SOCIAL SECURITY NO. 492-22-6123	17. INFORMANT Address: Mr.Howard Wood,3915a No.21st.,Street		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun wound of face, skull and brain, suffered when shot with shotgun in hands of one Ronald Goodin in front of about 3917 No 21st Street about 1045 pm., November

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) / DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☑

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 30th 1956.

20c. TIME OF INJURY Hour ~~a.m.~~ p.m. Month, Day, Year: 1045 11 30 56

E981X

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street

20f. CITY, TOWN, OR LOCATION: St Louis — COUNTY: Mo — STATE:

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1140 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] — 22b. ADDRESS: 1300 [illegible] — 22c. DATE SIGNED: 12/3/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Dec. 5, 1956	23c. NAME OF CEMETERY OR CREMATORY: National Cemetery	23d. LOCATION (City, town, or county) (State): Jefferson Barracks,Mo.
24. FUNERAL DIRECTOR: Arthur J. Donnelly	ADDRESS: 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG.: DEC 3 1956	26. REGISTRAR'S SIGNATURE: J Earl Smith MD MSB

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Francis Williams

Licensed Embalmer No. 35

P. O. Address 386 Le

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.