

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042485

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 319

Primary Registration District No. 531

Registrar's No. 3114

S. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>University City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>University City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>755 Radcliffe</b>		Length of stay in lb <b>62 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>755 Radcliffe Ave</b>
3. NAME OF DECEASED (Type or print) First <b>Thomas</b> Middle <b>Frank</b> Last <b>Wood</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>28</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 11, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Director &amp; Officer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shapleigh H.W. Co</b>	11. BIRTHPLACE (City and state or country) <b>Athens, Tennessee</b>
13a. FATHER'S NAME <b>George Washington Wood</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Virginia Carmack</b>	14. NAME OF HUSBAND OR WIFE <b>Ida Frances Wood</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-03-8993</b>	17. INFORMANT <b>Mrs W. P. Hays</b> Address <b>8135 Cornell Ct</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fibrillation ventricular</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Aortic Regurgitation &amp; Stenosis</b>			<b>4 yrs plus</b>
DUE TO (c) <b>Rheumatic Heart Disease (Old)</b>			<b>4 yrs plus</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>411X</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>411X</b>	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1947</b> to <b>7:30 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Ray N. Wagness M.D.</b>		22b. ADDRESS <b>6651 Overight Ave University City, Mo 63105</b>	
22c. DATE SIGNED <b>28 Nov 58</b>			
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Entombment</b>		23b. DATE <b>11/29/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Mausoleum</b>
23d. LOCATION (City, town, or county) <b>St. Louis Co, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Alexander &amp; Sons</b> ADDRESS <b>6175 Delmar Bl</b>		25. DATE RECD. BY LOCAL REG. <b>11-24-58</b>	26. REGISTRAR'S SIGNATURE <b>Hubert B. Dombek</b>

Dr. Guy Magness  
6651 Enright Ave  
Pa. 1-4400

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 *Joseph E. McCulloch* .....

Licensed Embalmer No. *2764*  
P. O. Address *612 1st St*

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.