URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 13 1961

-60-046647

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5094 Registrar's No. 141

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Meramec
Length of stay in 1b: 1 mas
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Infirmary St. Joseph's Hill
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 816 Evans
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First DOUGLAS Middle Last WOOD
4. DATE OF DEATH Month 12 Day ~~25~~ 26 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-12-1899
9. AGE (last birthday) 61
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Life Under. Dept.
10b. KIND OF BUSINESS OR INDUSTRY Gem. Amer.Ins.
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William D. Wood
13b. MOTHER'S MAIDEN NAME Emma Niehaus
14. NAME OF HUSBAND OR WIFE Helen Keefe Wood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 488-10-0310
17. INFORMANT Helen K.Wood-816 Evans Address Kirkwood Mo.

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) Metastatic carcinoma of the brain — INTERVAL BETWEEN ONSET AND DEATH: 10 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary carcinoma of cecum
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Nov 26 1960, to 12/25/1960 and last saw her/him alive on 12/22/1960.
Death occurred at 6.25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Patrick L. Hogan (Degree or title) MD
22b. ADDRESS 2623 Telegraph Rd Kenrick
22c. DATE SIGNED 12/27/60

BY AFFIDAVIT OF Funeral Director DOCUMENT

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-29-1960
23c. NAME OF CEMETERY OR CREMATORY Calvary Cem.
23d. LOCATION (City, town, or county) St. Louis, Mo. (State)
24. FUNERAL DIRECTOR ADDRESS Pfitzinger-Mort. Kirkwood 22, Mo.
25. DATE RECD. BY LOCAL REG. 12-29-60
26. REGISTRAR'S SIGNATURE Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1961

MAR 7 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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