

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027947

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1937

FILED JUL 19 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u>		c. CITY OR TOWN <u>Webster Groves</u>	
Length of stay in 1b <u>1 1/2 Days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>41 West Rose Ave.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First: <u>Lucille</u> Middle: <u>W</u> Last: <u>Wood</u>			4. DATE OF DEATH Month <u>7</u> Day <u>11</u> Year <u>1961</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-26-'80</u>
9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and state or country) <u>Crown City Ohio</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Daniel Maupin</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Bickle</u>		14. NAME OF HUSBAND OR WIFE <u>John F. Wood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Norma Tatch 41 St Rose St Louis 19 Mo</u>		Address <u>St Louis 19 Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Atherosclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>- Intestinal obstruction -</u>			<u>2 days</u>
DUE TO (c) <u>Carcinoma of - Rt ovary -</u>			<u>?</u>
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <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 <u>7/10/61</u> to <u>7/11/61</u> and last saw her/him alive on <u>7/11/61</u> . Death occurred at <u>4:25 P.M. - 7/11/61</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Oliver P. Klump</u>		22b. ADDRESS <u>110 So Central, Clayton 5 -</u>	22c. DATE SIGNED <u>7/12/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-12-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ironton, Ohio.</u>
24. FUNERAL DIRECTOR <u>Mittelberg</u> ADDRESS <u>Webster Groves, 19, Mo.</u>	25. DATE REC'D. BY LOCAL REG. <u>7-12-61</u>	26. REGISTRAR'S SIGNATURE <u>John P. Murphy Md.</u>	

Name of Deceased _____
 Address of Deceased _____
 City _____
 State _____
 Date of Death _____
 Cause of Death _____
 Name of Licensed Embalmer _____
 Address of Licensed Embalmer _____
 City _____
 State _____
 Date of Embalming _____
 Name of Student Embalmer _____
 Address of Student Embalmer _____
 City _____
 State _____
 Date of Embalming _____

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 Harvey Stahl

Licensed Embalmer No. 4596
 P. O. Address St Louis

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.

Name of Deceased _____
 Address of Deceased _____
 City _____
 State _____
 Date of Death _____
 Cause of Death _____
 Name of Licensed Embalmer _____
 Address of Licensed Embalmer _____
 City _____
 State _____
 Date of Embalming _____
 Name of Student Embalmer _____
 Address of Student Embalmer _____
 City _____
 State _____
 Date of Embalming _____