

S. No. 2
 1-94-41
 5-17-39
 P1 X29484

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

20139

State File No.

FILED JUL 13 1942 791

Registration District No. Primary Registration District No. 1003

Registrar's No. 5679

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

1. PLACE OF DEATH:
 (a) County
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3847a McRee
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois
 (c) City or town Flat River
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Oscar Norweide Wood
 3. (b) If veteran, name war..... 3. (c) Social Security No. 492-16-6450

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 1 year 1942 hour..... minute..... M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced. Married
 6. (b) Name of husband or wife Nora Wood 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased August 11 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 30 1942 to July 1 1942 that I last saw him alive on July 1 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>20</u> hr. min.

Immediate cause of death
Acute Dilatation of Heart
Hypertension
due to acute Bronchitis
Dilatation of Heart
 Due to Chor Myocarditis
 Other conditions Spastic Paralysis
(Include pregnancy within 3 months of death) due to Cerebral Hemorrhage

Duration
2 days
years
10 days
3 years
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace Fredricktown, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Blacksmith
 11. Industry or business.....
 MOTHER FATHER
 12. Name Joseph Wood
 13. Birthplace Unk. Unk. 9
(City, town, or county) (State or foreign country)
 14. Maiden name Quinnan
 15. Birthplace Unk. Unk. 9
(City, town, or county) (State or foreign country)
 16. (a) Informant Nora Wood
 (b) Address 4720 Page
 17. (a) Burial (b) Date thereof 8/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Flat River, Mo.
 18. (a) Signature of funeral director Albert H. Hoppe, Inc.
 (b) Address 4700 Washington Ave
 19. (a) JUL 2 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations.....
 Of autopsy.....
 22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
 While at work..... (e) Means of injury.....
 23. Signature Samuel D. Katz (M. D. or other) M.D.
 Address Hall Bldg. Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

Samuel D. Katz

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Albert G. Hoffer*

Licensed Embalmer No. *2971*

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 this body is not embalmed, fact should be so stated above.