

DEC 20 1957

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
42353

1. PLACE OF DEATH

County St. Louis Registration District No. 333
Township St. Ferdinand Primary Registration District No. 4468
City Kirkwood Ferguson (No.) St. Ward)

File No.
Registered No. 207

2. FULL NAME

John Wright
(a) Residence No. Boyd St. St. Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bedellia Wright</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-17-1869</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>68</u>	<u>10</u>	<u>25</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1957, 19

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on....., 19...... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Arterio-sclerosis

Name of operation Hospital record Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) John O. Conall M. D.
(Address) Coroner of St. Louis County

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO.</u>
	13. NAME <u>unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>Jean Thompson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	17. INFORMANT <u>Bedellia Wright</u> (ADDRESS) <u>Boyd St. Kirkwood</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>11-15-</u> 19 <u>57</u>
	19. UNDERTAKER (ADDRESS) <u>Boyd Bros. Stanley & Rex Kurlach</u>
20. FILED <u>11-15</u> 19 <u>57</u> <u>W. A. Zeitler</u> Registrar.	

Per L. Smith

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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