

JAN 10 1938

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

43796
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Homer G. Phillips Hosp.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Wright
 (a) Residence, No. **1429 W. Billson** St. **4**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **-**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **-**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **11-24-1937**
 7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **-**
 9. Industry or business in which work was done, as saw mill, bank, etc. **-**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** 1
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Ernest Wright** 31
 14. BIRTHPLACE (CITY OR TOWN) **Unknown** 2
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Ethel Ridley**
 16. BIRTHPLACE (CITY OR TOWN) **Tenn.**
 (STATE OR COUNTRY)

17. INFORMANT **Father M. Sheridan**
 (ADDRESS) **2601 N. Whittier**

18. BURIAL, CREMATION, OR REMOVAL **CITY CEMETERY**
 DATE **DEC 30 1937**

19. FUNERAL DIRECTOR **Ira Hamilton**
 (ADDRESS) **City Health Dept**

20. FILED **DEC 29 1937**
J. S. Brebeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-24-1937**

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 **1:50 a** m.

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

Prematurity
Shelborn

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? **clinical** 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?
 If so specify **J. C. McFall** 1, M. D.
 (Signed) **J. C. McFall**
 (Address) **2601 N. Whittier**

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

_____ Licensed Embalmer No. _____

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.)