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.

REC'D SEP 12 1938

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

791
1008

27343
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Homer Phillips Hospital 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.

Registration District No.
Primary Registration District No.
Registered No. 7357

2. PRINT FULL NAME Dorothy Wright
(a) Residence, No. 3168 Easton St. 27
(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 F
4. COLOR OR RACE C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - --------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1925
7. AGE YEARS 13 MONTHS 7 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. student
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) (STATE OR COUNTRY) St. Louis Missouri

FATHER
13. NAME Clinton Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Annie Ward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier
18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Aug - 20 - 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ellis Funeral Home 2820 Stoddard St
20. FILED AUG 19 1938 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1937, to Aug. 16, 1938
I last saw her alive on Aug. 16, 1938 Death is said to have occurred on the date stated above, at 1:50a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis — Date of onset 10/7/37

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
(Signed) H. J. Lyman, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

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, L. Boyk

, or by Myself

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

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address 2820 Stodd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.