REC'D SEP 27 1938

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

791

Do not use this space. 27695

Registration District No. 1008

Primary Registration District No.

Registered No. 7709

1. PLACE OF DEATH

(a) County

(b) Township

(c) City Saint Louis (d) Street No. H.G.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 Unavailable mos. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Silas Lee Wright L. 2. 6

(a) Residence, No. 3506 Laclede St. 18
(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: Male

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nora Reynolds Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1879

7. AGE: Years 59 | Months 7 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed

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) Gray Summit Missouri 0

FATHER

13. NAME Spephen Lee Wright C

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Missouri 1

MOTHER

15. MAIDEN NAME Mary Ann Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Virginia

17. INFORMANT Eliza B. Johnson
(ADDRESS) 17 Windown Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Aug. 30, 1938

19. FUNERAL DIRECTOR (NAME) Charles J. Gatto
(ADDRESS) 4107 Finney Avenue

20. FILED AUG 30 1938 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1938, to Aug. 26, 1938
I last saw him alive on Aug. 26, 1938. Death is said to have occurred on the date stated above, at 8:55p m.
The principal cause of death and related causes of importance were as follows:

Lung abscess non tubercular — Date of onset 8/19/38
Probably due to aspiration of foreign material

Other contributory causes of importance:
Arteriosclerosis 97

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? yes

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) H.G.Phillips Hospital

Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

James A. Johnson, or by .....

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

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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, above space should be left blank.