

C 8707

REC'D MAR 13 1939

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH791  
1008

4327

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No..... **1020**  
 (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 **25** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **623 Samuel Wright**

(a) Residence, No. **400 S. Jefferson** St. **22** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
**Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
**unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 3, 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**57 10 6**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Junker**  
 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) **Mississippi**

FATHER 13. NAME **Elijah Wright**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

MOTHER 15. MAIDEN NAME **Leridona Redmond**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

17. INFORMANT (ADDRESS) **Evelyn Hilliard**

18. BURIAL, CREMATION, OR REMOVAL

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Whittier 3500 Kelly**

20. FILED **FEB 1 1939**

**J. B. Beulah**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 9 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 2 1939 to Jan. 9 1939**

I last saw him alive on **Jan. 9 1939** Death is said to have occurred on the date stated above, at **12:45 p.m.**

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

**Arteriosclerosis**

Date of onset  
**1/2/39**

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) **601 N. Whittier**

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**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.....

Licensed Embalmer No.....

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, above space should be left blank.**