DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34787

Registration District No. 791 1009

Primary Registration District No.

Registrar's No. 9325

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
en route City Hosp. No. 2. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County

(c) City or town St Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 20 South 22nd St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Vara Lee Wright 623

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct 18th (Month) 1914 (Day) (Year)

8. AGE: Years 25 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Aberdeen (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation house work 1

11. Industry or business 1

FATHER
12. Name Richard Wright
13. Birthplace Aberdeen (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Ruby Johnson
15. Birthplace Macon (City, town, or county) Miss (State or foreign country)

16. (a) Informant's own signature Minnie Walton
(b) Address 2743 Clark Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/39 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell Avenue

19. (a) OCT 31 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

No Attending Physician

20. DATE OF DEATH: Month October day 28th
year 1939 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis, Tuberculosis of Spleen and Liver. Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred J. Perry (M. D. or other) 4
Address Deputy Coroner Date signed 10.30.39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, ~~or by~~ ——, Registered Apprentice No. ——, working under my personal supervision.

Signed S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Choutea

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.