

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

B 15

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 7 - 1940  
787

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8070  
Registrar's No. 328

Registration District No. 787 Primary Registration District No. 101

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Clayton, Mo.  
(c) Name of hospital or institution: 225 No. Meramec. n  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Margaret Wright  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife John H. Wright 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 24 - 1856  
(Month) (Day) (Year)

8. AGE: Years 83. Months 11. Days 22. If less than one day hr. min.

9. Birthplace Toronto, Canada  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Peter M. Manus  
13. Birthplace Canada

MOTHER FATHER { 14. Maiden name Eleanor Weatherall  
15. Birthplace Canada

16. (a) Informant's own signature Eleanor W. Robertson  
(b) Address 725 No. Meramec

17. (a) Burial (b) Date thereof 2-17-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director C. R. Rupton & Sons  
(b) Address # 72 33 Delmar Blvd.

19. (a) FEB 16 1940 (b) T. R. Meyer, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Clayton  
(d) Street No. 0 # 225 No. Meramec, Ave.  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 16 year 1940 hour 3:00 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from March 30, 1938 to February 16, 1940  
that I last saw her alive on February 15 and that death occurred on the date and hour stated above.

Immediate cause of death Sudden death cardiac failure  
Decompensation - Hypertrophy  
Due to Cardio-Renal-Hypertensive  
Arteriosclerosis  
Due to Chronic Interstitial Nephritis  
Duration 2-4-40  
3-20-37  
3-30-37  
9-1-37

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy None 131  
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) no  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) [Signature]  
Address 8611 Hamilton Date signed 2-16-40

at present  
Ca 2354  
1 - 3:30 P.M.

**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 Clarence H. Murray  
Licensed Embalmer No. 4011  
P. O. Address St. Louis, Mo.

**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.**