

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23333
State File No.
Registrar's No. 5778

Registration District No. 791

Primary Registration District No. 1003

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:
1939 Forest Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limit, write "RURAL")
(d) Street No. 1939 Forest Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? years

3. (a) PRINT FULL NAME FRANK M. WRIGHT

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary A. Wright 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Oct. 26, 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation Barber retired

11. Industry or business Barber

12. Name Wellington Wright

13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Washburn

15. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Mary A. Wright : Wife
(b) Address 1939 Forest Ave.

17. (a) Burial (b) Date thereof July 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Semetary

18. (a) Signature of funeral director J. P. Cruphan
(b) Address 7146 Manchester Ave.

19. (a) JUL 8 1940 (b) J. P. Cruphan
(Data received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1940 hour minute 9 P. M.

21. I hereby certify that I attended the deceased from Sept. 5
1935 to July 16 1940
that I last saw him alive on July 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary thrombosis

Due to of Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?
While at work (Specify type of place) (e) Means of injury

23. Signature Thos. J. Green
Address 4500 Olive Date signed 7/18/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Dr Greiner
4500 Olive 1-3

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester

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.