No. 2
-13-40
-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27337

Registration District No. 791 1 | Primary Registration District No. 1003 | Registrar's No. 2233

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yr 7 mo. 18 dys. (Specify whether years, months or days)
In this community 24 yrs 1 mo. 27 dys.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 13 ~~22~~
(If outside city or town limits, write "RURAL")

(d) Street No. 2751 Clark Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME ROSIE WRIGHT 623

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female

5. Color or race Colored

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 June (Month) 28 (Day) 1916 (Year)

8. AGE: Years 24 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Student

11. Industry or business Teacher's College

MOTHER FATHER

12. Name David Wright

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

14. Maiden name Ida Williams

15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant [illegible]

(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director [illegible]

(b) Address 2915 Franklin Avenue

19. AUG 28 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24 year 1940 hour 7.00 minute A.M.

21. I hereby certify that I attended the deceased from January 7th, 1935 to August 24th, 1940 that I last saw her alive on August 23rd, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Paresis 1935-x	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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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? (b) Means of injury

23. Signature Hubert O. Smith (M. D. or other)

Address 5400 Arsenal St. Date signed 8/24/40

(Licensed Embalmer's Statement on Reverse Side)

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. 963

P. O. Address 290 Franklin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.