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13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37181

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9454

MAR DEC 11 1940

1. PLACE OF DEATH:
(a) County: St. Louis, Mo.
(b) City or town: (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 11yrs.1mo.3da (Specify whether years, months or days) In this community: About 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 2943 Dickson St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME: Mary Wright
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Thos. Wright
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased: Sept. 30 1872 (Month) (Day) (Year)
8. AGE: Years 68 | Months 1 | Days 17 | If less than one day ... hr. ... min.
9. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:

MOTHER FATHER
12. Name: Unknown Wm. Williams
13. Birthplace: Unknown (City, town, or county) Virginia ~~Kentucky~~ (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: L. Deggendorf
(b) Address: 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 19 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: [illegible]
(b) Address: 2117 E. Grand
19. (a) NOV 18 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16 year 1940 hour 3:10 minute P. M.
21. I hereby certify that I attended the deceased from 7-1-39, 19..., to 11-16-40, 19...; that I last saw her alive on 11-16-40, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis-7-1-39x
Due to: Generalized Arteriosclerosis 7-1-39x
Due to: Senility-7-1-39x
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: No

Duration

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: R. H. Grove (M. D. or other) M.D.
Address: 5400 Arsenal St. Date signed 11/16/40

(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.....3041.....

P. O. Address.....2117 E. Gra...

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

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