No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26961
Registrar's No. 6753

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis (If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: 816 N. Beaumont (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County:
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 2658 Delmar Blvd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

3. (a) PRINT FULL NAME: Smith Wright
3. (b) If veteran, name war: —
3. (c) Social Security No. 327-03-4290
4. Sex: Male
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ernestine Wright
6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: Abt. 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Abt. 52	–	–	hr. min.

9. Birthplace: Lake, La. (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Armour Packing Co.
FATHER 12. Name: Unknown
FATHER 13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Ernestine Wright
(b) Address: 2658 Delmar Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-25-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park
18. (a) Signature of funeral director: H. C. Gordon
(b) Address: 2649 Delmar Blvd.
19. (a) AUG 19 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 18th year: 1941 hour: 8:15 P minute: 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	Duration
Coronary Occlusion	
Chronic Myocarditis	
Due to: Chronic Interstitial Nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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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. Terry (M. D. or other)
Address: Deputy Coroner Date signed: 8/19/41

(Licensed Embalmer's Statement on Reverse Side)

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

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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed William Claude Gordo

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar

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.