

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33562

Registration District No. _____

Primary Registration District No. 100

Registrar's No. 8520

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:
M 6560 Maurice St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
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 limits, write "RURAL")
(d) Street No. 6560 Maurice St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25th
year 1941 hour 7:15 minute P.M. M.
21. I hereby certify that I attended the deceased from
Oct 25 1941 to Oct 25 1941
that I last saw him alive on Oct 25 1941
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Romany Phombros
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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? _____

23. Signature J. W. Guinn (M. D. or other)
Address 508 21 Grand Bl Date signed _____
While at work? _____ (Specify type of place) (e) Means of injury _____

3. (a) PRINT FULL NAME Louis E. Wright (Lewis)
3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male / 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mayme Wright 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept. 24th 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 1 1 _____ hr. _____ min.

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

10. Usual occupation Tobacco Worker

11. Industry or business Liggett & Myers Co.

12. Name Stephen Wright

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

14. Maiden name Mary Rumbo

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

16. (a) Informant Mayme Wright

(b) Address 6560 Maurice St.

17. (a) Burial (b) Date thereof 10-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 28 1941 (b) J. F. Brudeck
(Date received from registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Frederick D. Holman*

Licensed Embalmer No. *3395*

P.O. Address.....

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, fact should be so stated above.