

S. No. 2
M-542
7-5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4945

State File No. _____

FILED FEB 23 1943 318

Registrar's No. 1428

Registration District No. _____ 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:
3133a Franklin Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Life (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME William Wright

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-22-9153

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

6. (b) Name of husband or wife Abbie Wright 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 28th ? 1889
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
Abt.	54	-	-	hr. min.

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

10. Usual occupation Frazer Operator

11. Industry or business Emerson Electric Mfg. Co.

12. Name ? Wright

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

14. Maiden name Irene Graves

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

16. (a) Informant Abbie Wright

(b) Address 3133a Franklin Avenue

17. (a) Burial (b) Date thereof Feb. 13, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park, Cem.

18. (a) Signature of funeral director Peoples Und. Co.
 (b) Address 3100 Franklin Ave.

19. (a) FEB 23 1943 (b) J. J. Bruesch
 (Date received local registrar) (Registrar's signature)

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. 3133a Franklin Avenue
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
 year 1943 hour about 9 minute A M.

21. I hereby certify that I attended the deceased from 3-2
 1942, to 2-7, 1943

that I last saw him alive on 2-6, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death _____
Apoplexy

Due to _____
 Due to _____
8 3/4

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 W. W. Wilkes (M. D. or other) _____
 Address 3240 - Franklin Date signed 2-9-43

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

MOTHER FATHER

9
5031
1761

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. 4484
P. O. Address 30 St. Louis, Mo.

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.