

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 9 1943 818

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

4901

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mos. 22 days
(Specify whether
 In this community 5 years
years, months or days)

3. (a) PRINT FULL NAME

James Wright

3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Male
5. Color or race Negro6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Unknown6. (c) Age of husband or wife if
alive Unknown7. Birth date of deceased June 15 1910
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
33 11 6 hr. min.9. Birthplace Boyer, Davis Pa.
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER
 { 12. Name Bennie Wright
 { 13. Birthplace Louisiana
 { 14. Maiden name Amy Whitman
 { 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant James Howard(b) Address 1805 2nd Can. St.17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 5-29-43
(Month) (Day) (Year)(c) Place: burial or cremation Wash. Park, Beau.18. (a) Signature of funeral director Willie Robinson(b) Address 2024 O'Fallon19. (a) MAY 27 1943
(Date received local registrar) (b) J. F. Breck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1921 Biddle
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21,
year 1943 hour 9 minute 30 A. M.21. I hereby certify that I attended the deceased from January
29, 1943 to May 21, 1943;that I last saw him alive on May 21, 1943;
and that death occurred on the date and hour stated above.Immediate cause of death
Amebic Abscess of Liver Duration 1 yr.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 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 H. R. Williams (M. D. or other)
Address 2601 Whittier Date signed 5/24/43

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 Chas. P. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gambel

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.