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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1944

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16888

Primary Registration District No. 1003

Registrar's No. 4823

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:
5051 Maffitt Ave. /
(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: 000

(a) State Mo. (b) County 116

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5051 Maffitt Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jessie Wright

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jacob N. Wright

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 14 (Day) 1874 (Year)

8. AGE: Years 70 Months 3 Days 10 If less than one day hr. min.

9. Birthplace White Water (City, town, or county) Mich. (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William M. King
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Sarah Rockwell
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Arthur Goodman
(b) Address 5031 Maffitt Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-25-44 (Month) (Day) (Year)
(c) Place: burial or cremation Janesville Wisc.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) MAY 25 1944 (Date received by registrar) (b) J. F. Breuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th
year 1944 hour 11:40 minute - P.M.

21. I hereby certify that I attended the deceased from Jan. 6th 1944, 19 to May 24 - 1944
that I last saw her alive on May 24 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant new growth. Carcinoma - intestines Emaciation - resulting

Due to Mitral Insufficiency

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

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) No

(b) Date of occurrence —

(c) Where did injury occur? No (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 Dr. J. P. Murphy (M. D. or other)

Address 2616 N. Kingshighway St Louis Mo. Date signed 5/25/44

(Licensed Embalmer's Statement on Reverse Side)

AUG 15 1944

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 Albert A. Thompson

Licensed Embalmer No. 4267

P. O. Address St Louis

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

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