

FILED NOV 30 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9753**

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 **28 hrs. 15 minutes**  
(Specify whether  
In this community **23 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **029**  
(c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL") **17**  
(d) Street No. **3048B. Thomas** **6**  
(If rural, give location) **21**  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country **U**

3. (a) PRINT FULL NAME **Robert Wright**

3. (b) If veteran, name war..... 3. (c) Social Security No. **989-07-4073**

4. Sex **MALE** 5. Color or race **Colord** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Annice Lee Wright** 6. (c) Age of husband or wife if alive **30** years  
7. Birth date of deceased (Month) **11** (Day) **14** (Year) **1908**

8. AGE: Years **36** Months **0** Days **0** If less than one day hr. min.

9. Birthplace **Marville Ark. 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Sullivan Steel Foundry**

12. Name **John Wright**

13. Birthplace **ARK. 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jones**

15. Birthplace **Miss. 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Annice Lee Wright**

(b) Address **3048B Thomas**

17. (a) **Burial** (b) Date thereof **11 18 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Moses Vasser**  
(b) Address **NOB 417 1944**

19. (a) **NOB 417 1944** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **14,**  
1944 year hour **2** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **November 13,** 19**44** to **November 14,** 19**44**  
that I last saw him **in** alive on **November 14,** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration **Terminal**

Due to **Chr. Glomerulonephritis**  
**Hypertensive Cardio-vascular disease** Unk.

Due to **13/21**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **13/21** 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 **0**

23. Signature **Moses Vasser** (M. D. or other)  
Address **2601 N. White** Date signed **11/16/44**

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

MOTHER FATHER

**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. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Bamble

**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.**