

S. No. 2
OM-2-43
v. 5-17-39
P-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

19074

FILED MAY 27 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4350**

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:
Missouri Baptist Hospital.
(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

3. (a) PRINT FULL NAME FRANK J. WRIGHT.

3. (b) If veteran, name war None.

3. (c) Social Security No. 491-14-6701.

4. Sex Male. 5. Color or race White.

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

6. (b) Name of husband or wife Mabel E. Wright.

6. (c) Age of husband or wife if alive 65. years

7. Birth date of deceased December 21st, 1870.
(Month) (Day) (Year)

8. AGE: - Years	Months	Days	If less than one day
<u>75</u>	<u>4.</u>	<u>22.</u>	hr. _____ min.

9. Birthplace Des Moines, Iowa.
(City, town, or county) (State or foreign country)

10. Usual occupation Pres., Acme Paper Co.,

11. Industry or business 115 S. 8th Street,

12. Name Gardner V. Wright.

13. Birthplace Trenton, New Jersey.
(City, town, or county) (State or foreign country)

14. Maiden name Adelaide Jarrett.

15. Birthplace Morgantown, No. Carolina.
(City, town, or county) (State or foreign country)

16. (a) Informant Gardner Wright.

(b) Address 119 East Swon Ave, Webster.

17. (a) Cremation. (b) Date thereof 5/15/46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233, Dwyer Blv'd.,

19. (a) MAY 14 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis.

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

(d) Street No. 4475 West Pine Blv'd.,
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No) (X)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May. day 13th,
year 1946. hour 7:45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 11, 1946, to May 12, 1946
that I last saw him alive on May 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary type Myocarditis Duration 7 months

Due to 61

Due to _____

Other conditions Diabetes Mellitus 15 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) _____

(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)
(c) Means of injury _____

23. Signature P. J. Taylor (M. D. or other) _____
Address 467 N. Taylor Date signed 5/14/46

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

Dr. P. J. Murrell
462 No. Taylor
St. Louis, Mo.
1 to 4 P. M.

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 Clarence A. Murray
Licensed Embalmer No. 4011
P. O. Address 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.