

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42072**
Registrar's No. **3539**

Registration District No. **367** Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 12-9-46
(Specify whether years, months or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 997
(c) City or town Canterville 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. Rt. #1 (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WRIGHT, Robert H.
3. (b) If veteran, name war WW-I 3. (c) Social Security No. unknown

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Idella Wright 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased September 27 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 2 19 hr. min.

9. Birthplace Decatur, Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Man

11. Industry or business
12. Name Thomas Wright 9
13. Birthplace unknown 1
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri
17. (a) Burial (b) Date thereof Dec. 19, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway
19. (a) 12-21-46 Paula Allen MS
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 15
year 1946 hour 8:15 minute P. M.
21. I hereby certify that I attended the deceased from December
9, 1946, to December 15, 1946
that I last saw him alive on December 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL THROMBOSIS. Duration UNK.

Due to CONTRIBUTORY CAUSE OF DEATH:
ARTERIOSCLEROSIS, GENERAL AND
Due to CEREBRAL. 83% UNK.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations No operations
Of autopsy No 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) NO
(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 L. E. Stilwell L. E. STILWELL, M.D.
(M. D. or other)
Address Vet. Adm. Hosp., Jeff. Brks., Mo. Date signed 12-16-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
76
0
40882

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.