

U. S. No. 2
FORM-543
Rev. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7162**
Registrar's No. **1585**

FILED MAR 3 1947

Registration District No. **318** Primary Registration District No. **1003**

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:
Enroute to City Hospital #1 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County NO
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2739 Rutger Street
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME SARAH VIRDELL WRIGHT
 3. (b) If veteran, name war nil
 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Glen E. 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased October 5, 1895
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace ? Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business at home

MOTHER, FATHER {
 12. Name Joseph Lowery
 13. Birthplace ? Mississippi
(City, town, or county) (State or foreign country)
 14. Maiden name Mollie Smith
 15. Birthplace ? Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Glen E. Wright
 (b) Address 2739 Rutger Street

17. (a) Burial (b) Date thereof 2-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
 (b) Address 2301 Lafayette Ave. St. Louis, Mo

19. (a) FEB 15 1947 (b) J. F. Bredeck
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th
 year 1947 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Laceration of throat
self-inflicted with razor when
found in the bathroom at
her home 2739 Rutger St
on Feb. 12, 1947 at about
12:40 P.M.

Other conditions 164
(Include pregnancy within 3 months of death)

Major findings: 164
 Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide
 (b) Date of occurrence Feb 13 1947
 (c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work _____ (Specify type of place)
 (c) Manner of injury above

23. Signature [Signature] (M. D. or other) 3
 Address [Address] Date signed 2/15/47

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

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..... *A. W. Cooper*

Licensed Embalmer No. *38682*

P. O. Address *301 Lafayette*

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.