

U. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36871

FILED FEB 24 1947
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3202 Regal Pl.
(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:

(a) State Missouri (b) County 023

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1317

(d) Street No. 3211 Regal Pl.
(If rural, give location) 9

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

If yes, name country _____

3. (a) PRINT FULL NAME Stephen Wright

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-03-5728

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1947 hour 7:4 minute 24 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ella

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

7. Birth date of deceased Sept. 13 1877
(Month) (Day) (Year)

Immediate cause of death _____

Covering Occlusion
Arteriosclerosis

Due to _____

Due to _____

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>4</u>	<u>29</u>	_____ hr. _____ min.

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Commonwealth Coal Driver

11. Industry or business Watchman

12. Name Andrew Wright

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Druzella Mc Queen

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Wright

(b) Address 3211 Regal Pl.

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

(c) Place: burial or cremation New St. Marcus Cemetery

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) _____

(b) Means of injury _____

23. Signature Walter J. Brodeur (M. D. or other) _____

Address Capitol Date signed 2/14/47

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) FEB 14 1947 (b) J. J. Brodeur
(Date received local registrar) (Registrar's signature)

0917

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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 Flora Eynck

Licensed Embalmer No. 1284

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.