

No. 2
12-45
17-39
X47070

FILED MAY 29 1947
318

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2975**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Deaconess Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **96**

(c) City or town Webster Groves **7**
(If outside city or town limits, write "RURAL")

(d) Street No. 821 Clark Avenue **4**
(If rural, give location)

(e) Citizen of foreign country? N.R. **1**
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Gordon Lee Wright

3. (b) If veteran, name war No.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1947 hour 11 minute 45 A. M.

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

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

6. (b) Name of husband or wife Hilda **6. (c) Age of husband or wife if alive** 58 years

7. Birth date of deceased July 16, 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 12, 1946 to May 14, 1947
that I last saw him alive on May 14, 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>9</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death
Multiple Carcinomatosis

Due to _____

Due to _____

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

MOTHER FATHER

9. Birthplace St. Louis County, Mo. **0**
(City, town, or county) (State or foreign country)

10. Usual occupation Examiner Farm Credit Administration, Dep't of Agriculture

11. Industry or business _____

12. Name Harry Gordon, **0**

13. Birthplace St. Louis County, Mo. **0**
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Wickersham,

15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy Confirmed diagnosis

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. G. L. Wright **9**

(b) Address 821 Clark Ave., Webster Groves,

17. (a) (Burial, cremation, or removal) burial **(b) Date thereof** 5/14/47
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc.

(b) Address Clayton Rd. at Concordia Lane

19. (a) (Date received local registrar's certificate) MAY 17 1947
(Date received local registrar's certificate)

(Registrator's signature) J. F. Bredech

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? _____

23. Signature Robert K. Kuntz **(M. D. of Missouri)**

Address Missouri Theater Bldg. **Date signed** 5/17/47

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.