

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40358

State File No. 11026

FILED DEC 15 1947

Registration District No. 218

Primary Registration District No. 100

Registrar's No.

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:
2758 Choteau ave Choteau
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
13 years (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2758 Choteau Ave
22 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Vernie .A. Wright

8. (b) If veteran, name war Worlds War 2 8. (c) Social Security No. _____

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha B Wright 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years abt - 54 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown 9
 13. Birthplace Unknown 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown 9
 (City, town, or county) (State or foreign country)
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Martha B. Wright
 (b) Address 2758 Choteau Ave

17. (a) Burial (b) Date thereof 12-14-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director J. W. Hughes
 (b) Address 2620 Lawton Blvd

19. (a) DEC 2 1947 (b) J. F. Braddock
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 1947
 year _____ hour 9:30 minute 45 A. 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.

Immediate cause of death Diarrhea of Bacter
Cerebral Hyperemia
Intoxication

Other conditions (include pregnancy within 3 months of death) 95

Major findings: Of operations _____

Of autopsy _____

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 John E. Hughes (Specify type of place) _____ (M. D. or other) _____
 Address _____ Date signed 12/14/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.