No. 2
—1/47
5-17-39

96
0
0

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 14 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. ~~11155~~

Primary Registration District No. 676

Registrar's No. 844

1. PLACE OF DEATH
(a) County: St. Louis,
(b) City or town: Baldwin,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Same (Specify whether years, months or days)
In this community: Feb 24 - 1948

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Baldwin 0
(If outside city or town limits, write "RURAL")
(d) Street No.: rural 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: MINNIE L. WRIGHT,
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: female 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: single 6
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 15 (Day) 1855 (Year)

8. AGE: Years 92 | Months 10 | Days 15 | If less than one day: hr. min.

9. Birthplace: Louisiana (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: at home
11. Industry or business:

FATHER
12. Name: unknown Wright
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name: Minnie Barker
15. Birthplace: Louisiana (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Mr. Stokes-3rd Baptist Church
(b) Address: Washington & Grand Blv'd., St. Louis
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Louisiana, Missouri
18. (a) Signature of funeral director: C.R.Lupton & Sons
(b) Address: 7233 Delmar Blvd., St. Louis
19. (a) 3-31-48 (Date received local registrar) (b) Cecila J. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: MARCH day: 30
year: 1948 hour: ~~5:15~~ 4.20 minute: P. M.

21. I hereby certify that I attended the deceased from: February 24th, 19 48 to: March 30, 19 48
that I last saw her alive on: March 29, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to: 93d	
Due to:	
Other conditions: Arterio-Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: R. N. Jensen (M. D. ~~or other~~)
Address: Manchester Mo Date signed: 3-31-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Kirkwood 920
1 to 2

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.