

FILED OCT 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35564
Registrar's No. 2246

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

1. PLACE OF DEATH
a. COUNTY **St. Louis**
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) **Clayton**
c. LENGTH OF STAY (In this place) **DOA**
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Co. Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Missouri**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township OR TOWN) **St. Louis**
d. STREET ADDRESS (If rural, give location) **340 Blase Ave.,**

3. NAME OF DECEASED (Type or Print)
a. (First) **Dorothy** b. (Middle) _____ c. (Last) **Wright**
4. DATE OF DEATH (Month) (Day) (Year) **Sept. 19th, 1950**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**
8. DATE OF BIRTH **May 23rd, 1919** 9. AGE (In years last birthday) **31**
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **drill press operator machine shop**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) **Red Bird, Mo.**
12. CITIZEN OF WHAT COUNTRY? **US**

13a. FATHER'S NAME **Fred Lockhart** 13b. MOTHER'S MAIDEN NAME **Lillian Randles** 14. NAME OF HUSBAND OR WIFE **Thomas Wright**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**
16. SOCIAL SECURITY NO. **486-14-2417** 17. INFORMANT'S SIGNATURE OR NAME **Thomas Wright** ADDRESS **340 Blase Ave.,**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **crushing chest injuries-suffered while operating automobile which crashed into north side of Times Beach Bridge crossing the Meramec River.**
ANTECEDENT CAUSES: **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **400 8174** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Public Bridge** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Rural-Highway 66, St. Louis, Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) **9 19 50 A m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **see above**

I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE **W. L. Williams** (Degree or title) **Coroner 3** 23b. ADDRESS **Clayton, Mo.** 23c. DATE SIGNED **9/21/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **9/22/50** 24c. NAME OF CEMETERY OR CREMATORY **Jake Prairie Cemetery** 24d. LOCATION (City, town, or county) (State) **Jake Prairie, Mo.**

DATE REC'D BY LOCAL REG. **9-23-50** REGISTRAR'S SIGNATURE **H. K. Donke, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Diedrich F. Home** ADDRESS **8319 Hallsferry**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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~~ *Me*

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Gus W Wilbinson

Licensed Embalmer No. *3575*

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.