

FILED OCT 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34114
State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus East</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis 2059</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maentani View</u>		d. STREET ADDRESS (If rural, give location) <u>600 Maple Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grant</u> b. (Middle) <u>W.</u> c. (Last) <u>Bright</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30, 1951</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 15, 1868</u>	9. AGE (In years) (If under 1 year: Year, Months, Days) (If under 12 hrs: Hour, Min.) <u>82</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber Dealer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail (Retail)</u>	11. BIRTHPLACE (State or foreign country) <u>Jackson Town Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Homer Bright</u>	13b. MOTHER'S MAIDEN NAME <u>Retha Hendley</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Bright</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O. O. Bright, Washington D. C.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>492X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 9-27, 1951, to 9-30, 1951 that I last saw the deceased alive on 9-30, 1951, and that death occurred at 8:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>Crystal City Mo.</u>	23c. DATE SIGNED <u>10-1-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 2, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>
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DATE REC'D BY LOCAL REG. <u>10-2-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	444 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wagoner and Co. 7400 Washington, St Louis MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

15-6-01
DATE RECEIVED 10-9-51
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

H. H. Wenzel

Signed.....
Student Embalmer

Licensed Embalmer No. 3010

P. O. Address.....

Festus 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.