

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6889

State File No.

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1219**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION 803 N. 15th Street		d. STREET ADDRESS (If rural, give location) 25 803 N. 15th Street	
3. NAME OF DECEASED (Type or Print) Cleveland		a. (First)	b. (Middle)
		c. (Last) Wright	
4. DATE OF DEATH (Month) (Day) (Year) 1 30 1952		5. SEX Male	
6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH- 3-30-1896		9. AGE (In years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Greenville - Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Richard Wright		13b. MOTHER'S MAIDEN NAME Sallie Mason	
14. NAME OF HUSBAND OR WIFE			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	16. SOCIAL SECURITY NO. 1	17. INFORMANT'S SIGNATURE OR NAME Sallie Felton	
		ADDRESS 803 N. 15th Street	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) Coronary Occlusion		
		DUE TO (c) Sclerosis		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H201

22. 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 **7:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph M. ... (Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7/8/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-8-52	24c. NAME OF CEMETERY OR CREMATORY National Cemetery
		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 8 1952 Carl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard St.
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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, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Fulton E. Culkin

Signed.....
Student Embalmer

Licensed Embalmer No. *4198*

P. O. Address *4912 Freunta*

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.