

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18722

State File No.

No. 300
10.48

FILED JUN 16 1952

318

1003

Registrar's No. 4868

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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 township) c. LENGTH OF STAY (in this place)
St Louis

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN St Louis 2199

d. FULL NAME OF HOSPITAL OR INSTITUTION. 4348 Forest Park

d. STREET ADDRESS (If rural, give location)
19 4348 Forest Park

3. NAME OF DECEASED
a. (First) Mary b. (Middle) Ann c. (Last) Wright

4. DATE OF DEATH (Month) (Day) (Year)
May 23 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH June 14 - 1893 9. AGE (In years last birthday) 58 10. MONTHS 11 11. YEAR 9 12. HOURS 9 13. MIN. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Chicago - Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME T. J. McSweeney 13b. MOTHER'S MAIDEN NAME Ellen 14. NAME OF HUSBAND OR WIFE Ezra F. 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. _____

17. INFORMANT'S SIGNATURE OR NAME Ezra F. Wright ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH Several weeks

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 NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4222

22. I hereby certify that I attended the deceased from June 19 51 to May 23 19 52, that I last saw the deceased alive on May 22 19 52 and that death occurred at 2:05 P.M., from the causes and on the date stated above.

23. SIGNATURE Clara B. Kavo MD (Degree or title) 23b. ADDRESS 706 Welton 23c. DATE SIGNED 5-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5-24-52 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Effingham, Ill

DATE REC'D BY LOCAL REG. MAY 27 1952 REGISTRAR'S SIGNATURE J. Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE Bauer F. H. Effingham, Ill ADDRESS _____

(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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Earl Morris

Licensed Embalmer No. 3360

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.